Oral Hygiene

In This Issue: JUNE 1947

PREFERENCES FOR VETERANS

TABLE OF CONTENTS, PAGE 999

To Eliminate Costly and Annoying Repairs—

HANDPIECES *should first be cleaned with*

Solubri
REG. U.S. PAT. OFF. TRADE MARK

CLEANER

No single preparation can both clean and lubricate. To insure the greatest possible service from handpieces and angles clean off accumulations of grit and dirt regularly with SOLUBRI CLEANER.

and then LUBRICATED *with*

Solubri Oil
REG. U.S. PAT. OFF. TRADE MARK

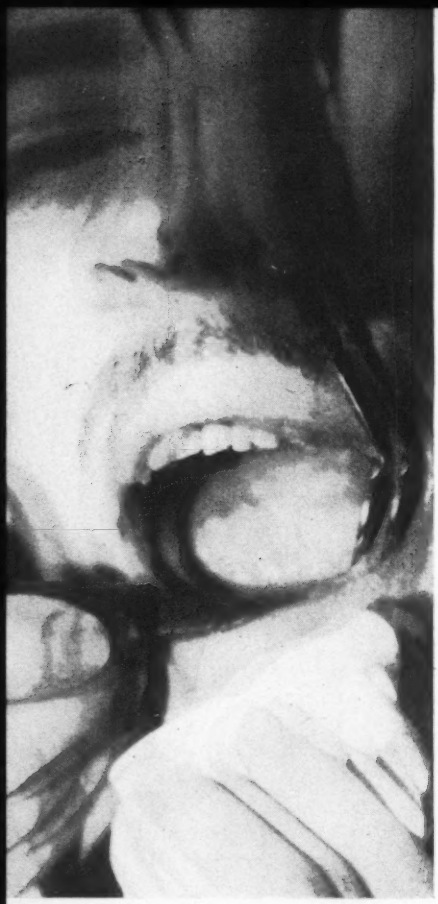
which keeps handpieces and angles running smoothly and prevents rust. Takes but a moment and protects all moving parts against undue wear.

Wide mouth 2 ounce bottles $.50 each
8 ounce bottles for refills $1.50 each

THE *Cleveland* DENTAL
MANUFACTURING CO.
CLEVELAND, OHIO U.S.A.

"Presbyopia"—

and your sales volume . . . . .



Presbyopia is the ophthalmologist's term for a gradual loss of the ability to focus the eyes at close range. You'll find it discussed in one of the articles in the June issue of Oral Hygiene . . .

Why is Oral Hygiene—a dental magazine—concerned with presbyopia and other disorders of the eye? Because *dentists* are concerned with them. A nationwide poll conducted by Oral Hygiene showed that dentists rated eyestrain highest on the list of physical debilities common to dentists and which might be termed occupational hazards of dental practice.

Oral Hygiene has always been vitally concerned with whatever concerns the dentist himself—his health, his practice, his finances, and his profession. Other dental journals give major attention to the dentist as a *technical practitioner*, and concentrate on dental methods and procedures. Oral Hygiene sees the dentist as more than a technical practitioner —*as a man making a living in a difficult profession*, and concentrates on helping him keep well, build a successful practice, advance his profession, and grow steadily in value to himself, his patients, and his community.

That is the reason dentists read the magazine with so much *personal* interest, why your advertising shares this friendly feeling, and why your sales volume may be materially influenced by the editorial content of

Oral Hygiene

Contents of the last six issues of Oral Hygiene

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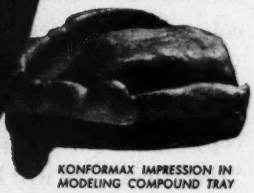
ORAL HYGIENE PUBLICATIONS

1005 Liberty Avenue, Pittsburgh 22, Pennsylvania

ADAPTABLE!

KONFORMAX IMPRESSION IN OVERSIZE BASEPLATE TRAY



KONFORMAX IMPRESSION IN MODELING COMPOUND TRAY

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2
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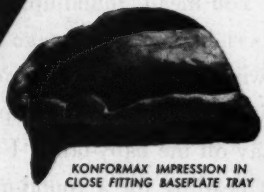


KONFORMAX IMPRESSION IN CLOSE FITTING BASEPLATE TRAY

KONFORMAX IMPRESSION IN VULCANITE TRAY

KONFORMAX DIVISION, PERMATEX COMPANY, INC.
BROOKLYN 29, N. Y., U. S. A.

Send me a copy of your new folder, "Techniques for Full Lower and Upper Dentures."

NAME ..... STREET .....

CITY ..... STATE .....

The Publisher's Corner

BY MASS **NUMBER 312**

HEADIN' FOR THE LAST WOUND-UP

ACCORDING to the number topping this month's department, the CORNER has breasted a minor milestone: the next one starts the column's twenty-seventh year—if anybody cares.

Sharp-eyed readers may already have decided that the title this time is a typographical error. Little Annie, who will be copying the manuscript, will tell me it is as soon as she sees it. "Hey, Boss," she will be saying, "You want this corrected, don't you? You mean 'round-up,' don't you?" No, I don't. "Wound-up" is right. But a while ago I didn't think so, myself.

A while ago, a friend of mine was telling me that he had "been headin' for the last wound-up."

"Lay off the baby-talk," I broke in. "And what do you mean about heading for a round-up—if that's what you're trying to say? You can't even stay on a horse. I know."

With a hurt look, he continued. "No," he said, "I *do* mean I'm heading for the last wound-up and horses have nothing to do with it. I've just got to talk about it."

"Tell Pop."

"All right, I will. This is how it is. I've been getting more and more tense for a long time—I'm all wound up and I'm beginning to feel that something's going to snap. That's why I say I am

heading for the last wound-up. Sounds silly, but it helps me a little to talk corny about it. It doesn't help much, though. I guess it will take more than corny talk about my own troubles to help me. And I just can't spare the time to do any doctoring." Then I realized how drawn he looked, how he kept fiddling with a pencil, and now and again pulled at his collar.

"What's been the matter?" I asked. "Any special worries—dough troubles, maybe?"

"No," my friend confessed, "not that. There's nothing big that's wrong. Just the usual things everyone has to contend with. I'm making money enough. Everything at home is all right. But the things I used to think were just bothersome now look as big as bass drums. The sort of problems I used to take in my stride look like mountains now—mountains I can't climb over. Every morning, after tossing around half the night, I start the day afraid of everything—pretty close to terrified." He stopped talking, started fooling with his collar again, rubbing his chin.

"You said something a bit ago about not being able to spare the time for doctoring," I reminded him. "If you don't know what ails you, *somebody* will have to find out. You need a doc."

With a nervous gesture of irritation, he interrupted me. "I know, I know!" he said quickly. "But I really *can't* spare the time; I have the obligation to look after certain ends of my job that just must be looked after. I can't let the other people down. I've got to keep on working." He stopped again.

"But if you do, you'll be dead, you rascal you!" I warned him—then wished I hadn't, because he winced. So I changed the subject. "You wouldn't lose your job by laying off for a while, would you?" "No, it's not that." "You can afford to lay off, can't you?" "Yes, of course I can." "Well, why not do it, then?" "Too

much to do! I've been telling you and telling you!" His tone was almost shrill.

"You said that problems you used to take in your stride look as big as mountains now—mountains you can't climb over. Ever tried to climb a real mountain when you're tired? That's what ails you, mister. Maybe you don't need a doc, maybe you just need a rest. Neither of us is as young as he used to be. You work a good many nights, don't you? You almost always seem to be away from home when I call up evenings." He admitted that was true. "Because you're on the job most of your waking hours, you never stop thinking about the job, do you? Honest, now?"

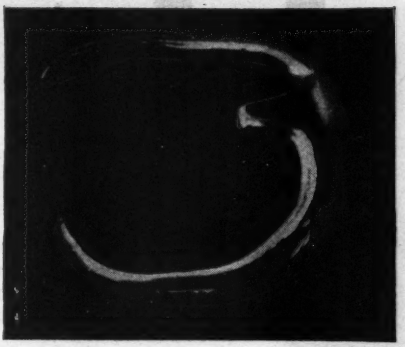
He admitted that was true, too. "I don't know much about such things, but it seems plain enough that the job department of your brain never gets a chance to cool off, to simmer down. I'll bet it doesn't really stop vibrating even when you think you're sleeping. Don't quote me, or somebody will sue me for malpractice, but that's Pop's diagnosis. And, if it's any comfort to you, I ought to know, because I used to be like that myself. Listen, bub, you've got to learn not to give a damn about your work, beyond a certain point. Hard work is fine—and healthy, too. But it's healthy to train yourself to be a slow joe now and then. If you don't, your brain cells get fed up with you. *They* have sense enough to want to rest. You can almost hear them saying, 'What does this character think we are, anyway? Why can't we have some fun? Nuts to him. We'll show him.' That's what's been happening to you. Understand?" I waited for him to say something.

My friend brightened up, but only just a little. Then he frowned. "I know, I know," he said in a sort of mumble. "But, you see, this work I'm doing—"

IMPORTANT POINTS

adjustability

resiliency



Two important points—adjustability and resiliency—can be almost positive insurance against poor retention of cast restorations.

Durallium cast restorations are both highly resilient and so adjustable that clasps can be bent as necessary and then straightened . . . or flexed several times in succession . . . all with no fear of metal fatigue or clasp breakage. Yet Durallium restorations, though adjusted and readjusted, retain a degree of resiliency unsurpassed by that of any other known chrome alloy.

Ask your Durallium laboratory—your technician will gladly let you test for yourself the adjustability and resiliency of a Durallium casting.

available through your qualified Durallium laboratory

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VERNONITE consists of Methyl methacrylate resin and Ethyl methacrylate resin. Contains no plasticizers or mold lubricants.

VERNONITE consists of Methyl methacrylate resin and Ethyl methacrylate resin. Contains no plasticizers or mold lubricants.

Out in the OPEN

Acrylic resins made for commercial purposes, such as gadget-molding, naturally have "secret formulas." There is no reason why a customer should know the exact chemical ingredients of a brush handle, an auto ornament or a radio knob.

With a denture resin, the case is different, or so it seems to us. The members of a health profession have a right to *know* the constituents of a resin worn in the mouth.

For that reason, among others, VERNONITE has *never* been made of commercial products whose formulas are trade secrets. Instead, we *prescribe* its ingredients which are made for us, at premium prices, naturally. Its formula being our own, we are able to reveal VERNONITE'S ingredients, which we have done for years.

We suggest you examine the VERNONITE label, or ask your laboratory to contribute to your peace of mind by using a resin for your dentures whose constituents are out in the open.

We are in no way connected with the Vernon Gold & Refining Company of Pittsburgh which is said to be sending out empty boxes to dentists asking for gold scrap.

VERNONITE consists of Methyl methacrylate resin and Ethyl methacrylate resin. Contains no plasticizers or mold lubricants.

We repeat on every package . . .

VERNONITE consists of Methyl methacrylate resin and Ethyl methacrylate resin. Contains no plasticizers or mold lubricants.

ulceromem

reating this anaerobic

the mouth, whatever its name.

'VINCE', a pleasantly flavored preparation, contains 96% sodium perborate, 3% magnesium trisilicate and 1% calcium phosphate; the sodium perborate releases not less than 9% of its own weight in oxygen.

a powder: sprinkle on toothbrush
a paste: mix with a little water
a mouthwash: dissolve in water

'VINCE' is supplied in packages of 2 and 5 ounces.

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MATCHING

NEW USER PACKAGE

Permits you to make a trial . . . without expense

Contents	*Prices*
10 Units Denture Acrylic	1 New User Package $14.00
1 Trial Unit Denture Acrylic	3 New User Packages, each .. 13.00
1 Trial Bottle Separating Film	6 New User Packages, each .. 12.00

PACKAGE NO. 1 PINK
PACKAGE NO. 2 CLEAR

Specify which when ordering.

All prices subject to change without notice.

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Denture

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S. S. WHITE SEPARATING FILM

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4	oz. bottle	$1.00
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Denture Acrylic seeks your favor on practical service to the patient; on coloring and texture so natural that it escapes notice at close range; on comfort and durability. It contains no plasticizer; does not irritate tissues; is unaffected by light, moisture, beverages, etc. Food accumulations are deterred by the hard, smooth texture of Denture Acrylic. It flows easily and maintains dimensional stability during processing and in subsequent mouth wear. Complies with A. D. A. Specification No. 12.

Be convinced of the value of S. S. White Denture Acrylic and Separating Film by using the liberal trial portions in the New User Package. If not fully satisfied with the results you may return the remaining Ten Units Denture Acrylic (in original sealed container) for full credit. No charge will be made for the material used in the test.

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Acrylic (METHYL METHACRYLA

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Advantages.

AIR-COOLED TUBE	GREATER CAPACITY—MOST EFFICIENT
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TIMER	RITTER-BUILT, LIGHT, SILENT, ACCURATE

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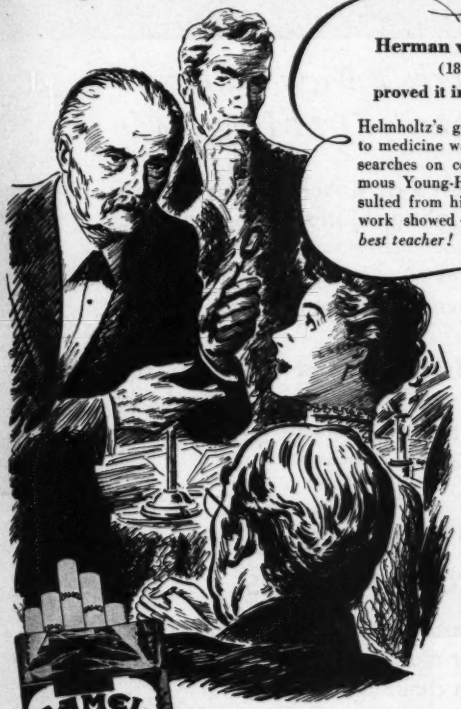
GUARANTEED FOR ONE YEAR —

Experience is the Best Teacher



Herman von Helmholtz
(1821-1894)
proved it in ophthalmology

Helmholtz's greatest contribution to medicine was his exhaustive researches on color vision. The famous Young-Helmholtz theory resulted from his studies. His every work showed — *experience is the best teacher!*

Yes, experience is the best teacher in smoking too!

DURING the wartime cigarette shortage, people smoked many different brands. And from that experience millions more smokers came to prefer Camels. Today more people are smoking Camels than ever before.

But, no matter how great the demand, only choice tobaccos, properly aged, and blended in the time-honored Camel way, are used in Camels.

According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

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Winston-Salem, N. C.

A NEW DENTIFRICE

NEUTROX *Works 2 Ways at Once for Better Daily Oral Hygiene*

Attacking force of nascent oxygen in a safe, non-irritating solution. Surging bubbles of freshly-released *active* oxygen penetrate interproximal spaces . . . destroy putrefactive food particles . . . gently stimulate gingiva.

Special polishing action of exclusive* formula. Insoluble calcium phosphates, created by a unique chemical reaction, clean and polish the teeth thoroughly . . . without danger of harsh abrasives.

HERE'S WHAT NEUTROX MEANS TO YOU... AND YOUR PATIENTS

Used according to your instructions, Neutrox dentifrice not only promotes cleaner, healthier mouths . . . but it also helps restore and maintain normal gum conditions.

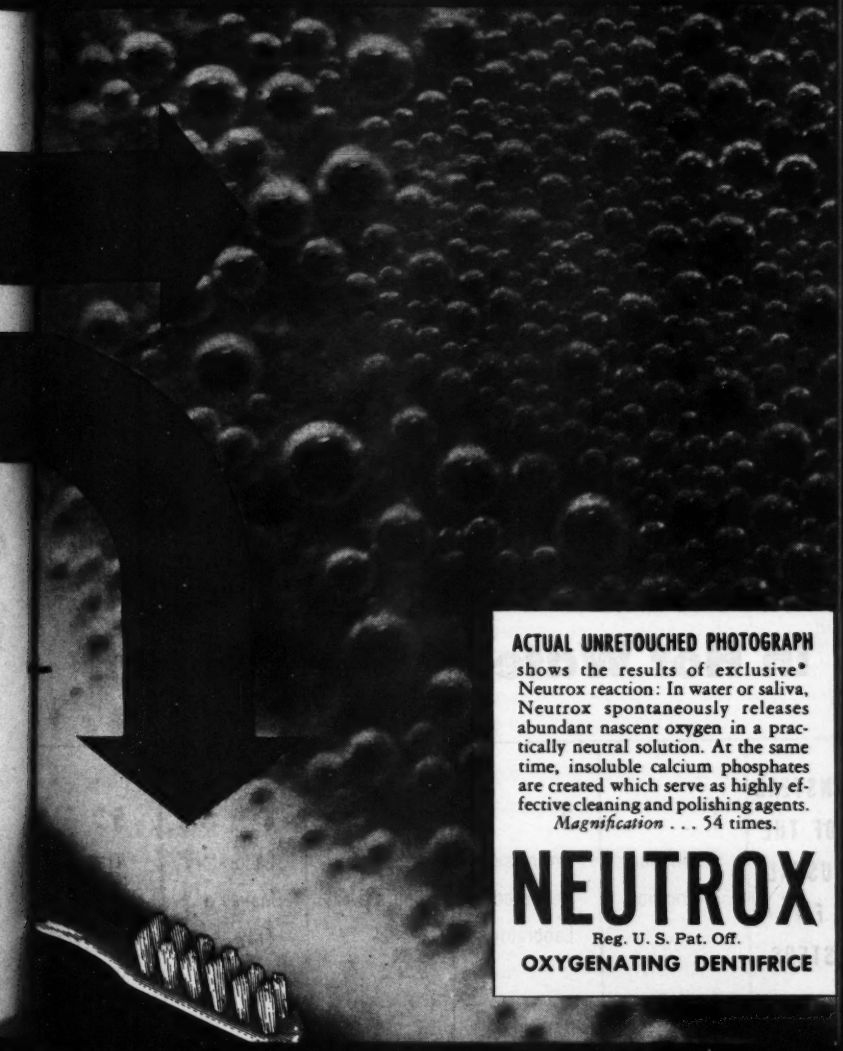
AN IMPORTANT "PLUS"

Used as a rinse, Neutrox provides *more oxygen* than other commonly used preparations—in a solution that is *practically neutral!* Thus Neutrox is safe for daily home use . . . there is no danger of alkali burn. You can recommend it as a bland and effective home adjunct to your office treatment of gingival infections. Neutrox is now available at all good drug stores.

**Neutrox formula is protected by U. S. Patent No. 2094671.*

DENTAL PRODUCTS DIVISION
Vick Chemical Company
122 EAST 42nd STREET • NEW YORK CITY

GINGIVAL CONDITIONS



ACTUAL UNRETOUCHED PHOTOGRAPH shows the results of exclusive* Neutrox reaction: In water or saliva, Neutrox spontaneously releases abundant nascent oxygen in a practically neutral solution. At the same time, insoluble calcium phosphates are created which serve as highly effective cleaning and polishing agents. *Magnification* . . . 54 times.

NEUTROX

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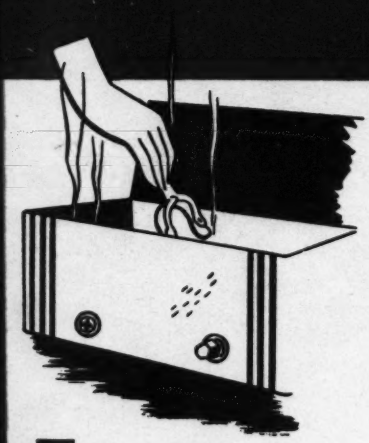
OXYGENATING DENTIFRICE

NOW . . . INDIVIDUAL TRAY

IN YOU



1.

Immerse in Hot Water

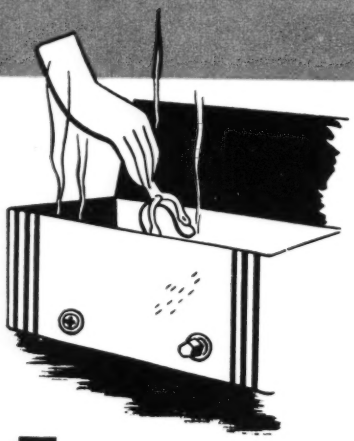
2.

Adapt in the Mouth

INSTEAD OF THE USUAL FIVE STEPS	1 Preliminary Impression	2 Impression Delivered to Laboratory	3 Laboratory Pours a Model	4 Laboratory Makes a Tray	5 Tray Delivered to You

XUM

NOW...INDIVIDUAL TRAY
IN YOU

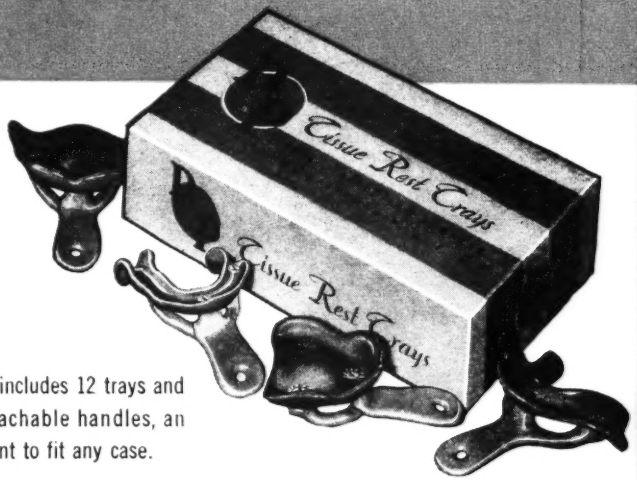


1. Immerse in Hot Water

2. Adapt in the Mouth

INSTEAD OF THE USUAL FIVE STEPS	1 Preliminary Impression	2 Impression Delivered to Laboratory	3 Laboratory Pours a Model	4 Laboratory Makes a Tray	5 Tray Delivered to You

IN TWO EASY STEPS...
OWN OFFICE



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In making full impressions, you can now eliminate one visit by the patient, cu down chair time and do away with three steps that waste time and cost yo money . . all by using D-P "Tissue Rest" Trays.

After they are immersed in hot water, "Tissue Rest" Trays can be quickl adapted in the patient's mouth. Easily trimmed or adjusted while warm, the become rigid when chilled.

Intended for any full denture technic using cold materials, "Tissue Rest" Tray are especially designed for D-P Alginate or Three-In-One Cream.

Write for brochure on "Dry Mouth Technic" using alginates. Discover for yourself the simplicity, speed and remarkably accurate results obtainable.

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Through almost forty years, Revelation has steadily been winning the favor of dentists everywhere. It is always termed "A Powder of Merit"—safe, effective, agreeable and with pleasant aftertaste. Thousands of dentists recommend Revelation. We invite you to test it at our expense. *Please include professional stationery with your request for sample.*

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minute

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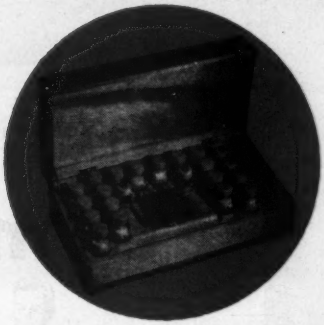

The best silicate mix is the *quick* silicate mix . . . not over one minute. And with the "Direct Matcher Cabinet" of Caulk Synthetic Porcelain, a quick mix is easier than ever! You need never take time for blending.

The "twenty naturals" match every shade of tooth. Without exception, the technic reads simply "from bottle, to slab, to tooth."

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20 F. P. Powders, pre-blended • 2 F. P. Liquids
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TYPE C STRENGTH AND HARDNESS

+ PLUS +

The Burnishability of Type A or Type B Golds, assuring ease in finishing margins.

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Manufacturers of Dental Golds & Specialties

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PRICE
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Oral Hygiene

VOL. 37, NO. 6 JUNE 1947

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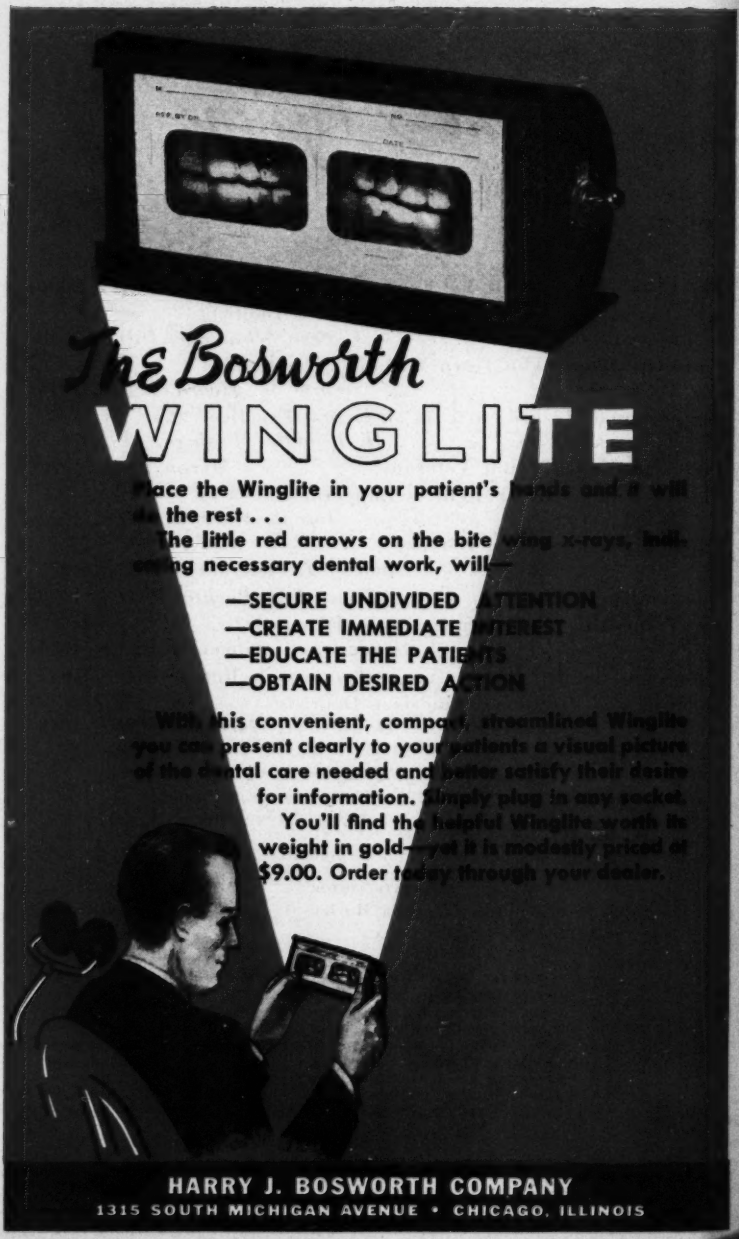
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Place the Winglite in your patient's hands and it will do the rest . . .
The little red arrows on the bite wing x-rays, indicating necessary dental work, will—
—SECURE UNDIVIDED ATTENTION
—CREATE IMMEDIATE INTEREST
—EDUCATE THE PATIENTS
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With this convenient, compact, streamlined Winglite you can present clearly to your patients a visual picture of the dental care needed and better satisfy their desire for information. Simply plug in any socket.
You'll find the helpful Winglite worth its weight in gold—yet it is modestly priced at $9.00. Order today through your dealer.
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Is Back!

IT DISSOLVES MUCIN PLAQUES

IT CLEANS HIDDEN PLACES

IT COMBATS TARTAR

IT'S COOL, REFRESHING

IT SWEETENS BREATH

Orex Laboratories, Inc., the new owners and makers of Mu-Sol-Dent, announce that Mu-Sol-Dent is once again available through regular drug channels.

Mu-Sol-Dent is a cool, refreshing anti-acid mucin solvent. It combats the formation of decay agents, tartar and mucin plaques. Its mucin solvent properties, certified by one of the Nation's leading research institutions, make it a valuable dental assistant. Write for more details.

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Topical, pleasantly effective

Dillard's

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The use of Dillard's Aspergum postoperatively achieves "salivary analgesia"—a topical method of securing prolonged relief from local pain, irritation and muscular trismus.

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Provide added comfort for your dental patients with

Dillard's **Aspergum**

Ethically promoted—not advertised to the laity.

Aspergum

The value of Forhan's with massage to supplement dental chair treatment in GINGIVITIS

You'll be interested in learning how an important clinical investigation, conducted under practicing Dentists, shows the value of Forhan's with massage as a home aid in Gingivitis.

In the course of the investigation, hundreds of dental patients were individually examined. 795 were found to have Gingivitis. Approximately half of this number was given prophylaxis. *All* were instructed to massage their gums with Forhan's Toothpaste for 30 days.

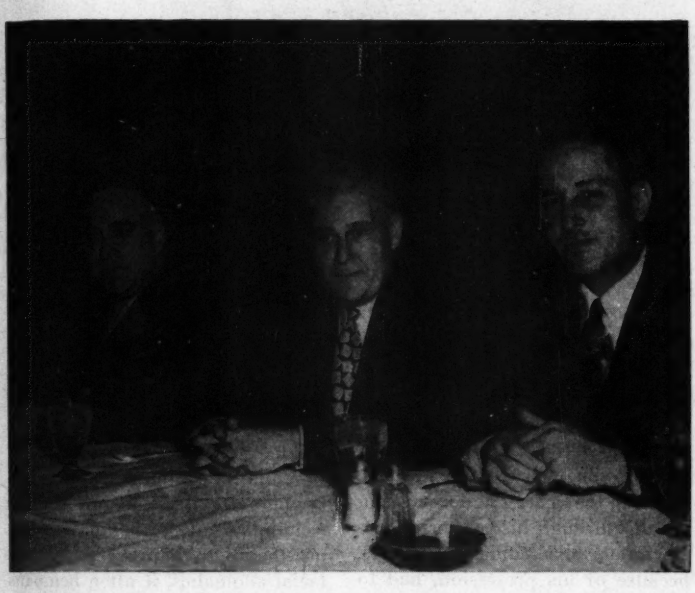
95% Gingivitis cases improved at end of 30-day test period!

95% of all the Gingivitis cases showed marked improvement at the end of this 30-day test period. And 100% of those with normal gums had maintained their gums in healthy condition.

For these reasons, Forhan's with massage invites your continued acceptance and recommendation — as a home adjunct to professional care in the treatment of Gingivitis.

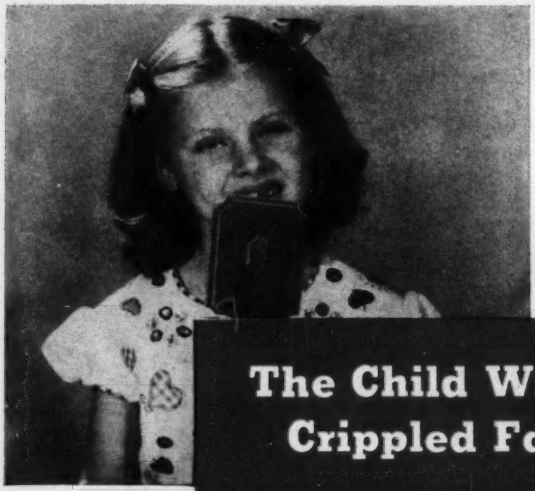
FOR FIRMER GUMS — CLEANER TEETH

Picture of the Month



ATTENDING THE veterans' dinner given by the District of Columbia Dental Society during its annual Postgraduate Clinic are (left to right) Colonel Louis Renfrow (DC) of the U. S. Selective Service; M. M. Alexander, President-Elect of the Society; and James Greeves, General Chairman of the Society's 1947 Postgraduate Clinic.—*Photograph by Howard A. Hartman, D.D.S.*

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.



The Child With a Crippled Face

By LEON R. KRAMER, D.D.S.*

THE CHILD with a crippled face is the Canio of the crippled fraternity. Canio, you will recall, was the clown in the opera Pagliacci. Leoncavallo through his masterful music immortalized this clown who, because of his profession, had to josh, laugh, and carry out his antics to amuse the audience even though his heart was breaking.

Little do we realize the drama and the tragedy that develops in the mind and heart of a child who has to meet the world and its problems with a funny or a repulsive face, resulting from abnormal tooth arrangement or jaw development. No one can measure the physical, mental, and emotional turmoil experienced by such a child.

While the profession of dentistry interests itself mainly in the techniques of orthodontics and prosthetics to improve or correct facial anomalies, it often bemoans the fact that there appears to be no glamour, no drama, no tragedy to add zest to the challenge to the profession. But the profession of dentistry has done little to analyze the psychologic and dramatic realities that periodically reveal themselves in dental offices in almost every town and city in the country.

The child with a crippled face must suffer indignities and taste

*Director, Division of Dental Hygiene, The Kansas State Board of Health.

the dregs of anguish and despair in his futile fight against the thoughtless gibes of his playmates. He has had to learn the hard way, that it is easier on his own emotional and physical make-up, to pay back his tormentors with a forgiving smile, even though dampened with tears, than to suffer the bruises of combat in attempts to retaliate.

The tragedy is that the child often is not aware of the fact that his face is different from others. His parents, too, because of their constant association with the child usually are not conscious of the gradual development of the child's physical defect. The child, therefore, must learn that his face is different from others through the cruel slurs hurled at him by his associates.

Is this not drama? Is this not tragedy? Is not the correction or prevention of these conditions heroic? I believe that all will agree that there are as many or even more resources in drama, tragedy, and heroics for creating a public awareness of the plight of the child with a crippled face than those utilized for publicizing the problem of the child crippled with poliomyelitis or one having clubfeet or bowlegs.

Psychologic Effects

Unfortunately a child cannot express his feelings like a grownup, and he may resort to practices that develop psychologic complexes that will cloud his entire aspect of happy, healthful living. We can get a better picture of the mental complexes resulting from facial defects through expressions made by adults who have gone through these experiences.

For example, I removed the teeth and made dentures for a man about the age of fifty-five, a civil engineer and contractor, who had a marked protrusion of the lower jaw. With certain adjustments, I was able to set up his dentures in normal occlusion. The day after I placed the dentures in his mouth, he came into the office as happy as a small boy with a new baseball mitt. I asked him the reason for his exuberance. He replied, "My gosh, Doc, now when I smile at people they smile back at me." That was one of the crowning experiences of his lifetime. It was an outlet to a complex buried since childhood. It was something he had longed for all his life. Previously, when he smiled, his mouth looked as though he was sucking a piece of meat out of a cavity in his lower second molar.

Perhaps every orthodontist and practitioner in dentistry can recall many similar experiences, yet the profession has done little to make known publicly to what extent dentistry can contribute to the happiness and well-being of persons

who have crippling facial defects.

What can be done about it?

State-Financed Care

One avenue which is open to every state dental society is to include orthodontic and prosthetic treatment for children with crippled faces, who are unable to receive private care, in the Crippled Children's Statutes of each state.

Only eight states make provision for orthodontics in their Crippled Children's laws. In these states orthodontics is available to children who previously have been operated for cleft lip and palate and who need orthodontic treatment. It is my understanding that federal funds for crippled children allotted to states on a matching basis apply to dental care if dental care is an integral part of the state crippled children's program.

In order to fulfill the third principle of the American Dental Association in making dental care available to all, especially children, the statutes should include orthodontic and prosthetic services for children previously operated for cleft lip and palate, and for correcting or improving marked facial defects resulting from malposed teeth and faulty jaw development for children from families who are unable to procure private care.

Such a procedure not only would fill a great need for dental care for many children who are facial cripples, but it would present an opportunity for publicity, dramatized or otherwise, to create a public consciousness relative to one of dentistry's greatest contributions to the physical, mental, and emotional health and well-being of crippled children.

1800 *East 21st Street*
Topeka, Kansas

★ ★ ★ ★ ★ ★ ★ ★

ORAL HYGIENE AWARD

This month's $100 ORAL HYGIENE *award for the best article published has been won by* LEON R. KRAMER, D.D.S.

★ ★ ★ ★ ★ ★ ★ ★

DENTAL OPERATIONS UNDER GENERAL ANESTHESIA

WHEN STARTING to operate we should take our time. What is the good of buying an expensive gas-oxygen machine and employing a skilled person to use it, if we fling ourselves on the patient's mouth as we did thirty years ago in the old "snatch-and-grab" days? I once saw a demonstration of a new anesthetic apparatus. The anesthetist before starting begged the operator not to hurry and to show what the machine could do in giving the surgeon ample time. No sooner had the anesthetist said "start," than the dentist leaped at the patient and tore the teeth out as though a Nobel Prize had been offered for the fastest extractions of the year.—*The Dental Gazette.*

So You Know Something About Dentistry!

QUIZ XXXIII

1. What is the phenol coefficient? .....
2. The interdental space is affected by the (a) form of the jaws, (b) size of the jaws, (c) relationship of the jaws to each other. .....
3. Most of the dimensional change occurring in amalgam restorations results from (a) the unreliability of the product, (b) carelessness on the part of the operator, (c) the method of mixing. .....
4. Hypercementosis occurs more frequently in (a) incisors, (b) cuspids, (c) premolars, (d) molars. .....
5. Which of the following are radiopaque: (a) a fistulous tract, (b) mental protuberance, (c) external oblique ridge or line of the lower jaw, (d) mandibular canal? .....
6. What do the names Chayes, Gollobin, Brown, Sorenson, Stern, McCollum, Brown-Maier, Boos, and Yirikian suggest? .....
7. At birth there are (a) 44, (b) 52, (c) 20 teeth in the process of development in the jaws. .....
8. Chloramine serves as (a) a true deodorant, (b) an escharotic, (c) a counterirritant. .....
9. The percentage of mandibular third molars anatomically like the mandibular first or second molars is (a) 20 per cent, (b) 50 per cent, (c) 90 per cent. .....
10. Is the enamel of teeth worn by occlusal abrasion in the mouth (a) more dense, (b) less dense, (c) the same as, normal enamel? .....

FOR CORRECT ANSWERS SEE PAGE 1044

Why Should It Take SIX YEARS To Make A Dentist?

Dentist advocates dental treatment for normal child performed through the school system by specially trained nondentists.

By GEORGE SCHNEIDER, D.D.S.

DENTAL CARIES and the common cold, neither of which is taken seriously enough in its incipiency, are the two most common and most prevalent diseases known to man. To date medicine has not been able to prevent the common cold; neither has dentistry been able to prevent dental caries. One cannot have a common cold without being conscious of it; but one may have considerable dental caries without knowing it.

A child 10 years of age may have had a common cold ten or more times and recovered each time, with or without the aid of a physician, without any bad effects. That does not mean that a common cold may not become complicated and cause death. I only wish to show how it differs from dental caries. If a child has had a carious tooth at any time before the age of 10, it has left its mark either in the way of a restoration, or the eventual loss of the tooth, or all that may follow when that tooth becomes a focus of infection.

The difference between treating a common cold and a carious tooth is: one is medicinal and the other is mechanical. If you have a cold,

you go to see your physician, you leave his office with a prescription and take your cold with you, you get your prescription filled and take the medicine until your cold subsides. That is medicinal. When you see your dentist and he finds that you have a number of small cavities in one or more teeth, he removes the caries, inserts the proper restoration, and, if properly done, your tooth or teeth are virtually as good as ever. That is mechanical. It prevents all that might follow which would require considerable medical attention. Medicine is not so sure of its preventive procedures as mechanical dentistry is.

Suppose that the medical profession discovered a medicinal agent that would as positively check a common cold as the dental profession can control dental caries. Would you say that before anyone should be allowed to administer that agent, he should be a graduate of a medical college? You would say, "No, how absurd!"

Children's Treatment

Let's look at dentistry and see what it does about dentistry for a child from the time of the eruption of the first deciduous teeth until that child graduates from high school. I am speaking of the normal child. If a child of that age receives the proper dental care when he should, all he will need is the proper restorations in teeth having caries extensive enough to be found. Dentistry says, "No one shall be allowed to restore those carious teeth unless he is fully equipped to take care of any bad effects that may follow if those teeth are not restored." That puts dentistry in a class different from medicine.

Simple Dental Operations

Dentistry in the past has not been willing to subordinate anything for which it can collect a fee except laboratory work. It is only recently that dentists in the State of Illinois have allowed the dental hygienist to perform the treatment that any dentist should be glad to subordinate. It is time for dentistry to forget its inferiority complex in comparing itself with the medical profession and stand on its own merits. Up to now if a man in the State of Illinois went to see his dentist to have his teeth checked, and after a careful examination the dentist found nothing wrong except that the teeth needed a prophylaxis, no one was qualified to perform this service unless he had had six years of literary and scientific training after high school.

The question that I am asking the dental profession is: Is it necessary to know all the techniques for complicated dentistry that an adult needs but that a child never needs before one is allowed to perform the simple dentistry that a child requires? You will say it is more difficult to do dentistry for children than adults. I will admit that, but it is not the dental part that makes it more difficult. It is a

dentist's lack of knowledge of child psychology that makes it more difficult. That is the reason why so many men do not care to perform dentistry for children. Therefore, dentistry for the child should be performed by women.

Here are two questions which I should like to have each dentist answer to himself.

1. What percentage of the dental profession is sincere enough in its preventive dentistry that it would gladly prevent, if it could, all dental caries, even at the cost of its practice?

2. Does the percentage of the dental profession which is opposed to educating men and women to render dental service only for the child of preschool, grade school, and high school age sincerely mean that one must know all the complicated dentistry required for adult treatment in order to perform children's service only, or is it afraid if all dental caries were controlled for the child of that age it would rob the profession of much of the restorative treatment that all dentists wish to have come to their offices?

Here are a few statements that the profession cannot repudiate.

1. Dental caries among the children of the United States through high school age is uniform and universal, and should be controlled in a uniform and universal manner.

2. A woman knows more child psychology than a man; a child experiences less fear of a woman than he does of a man.

3. The less dentistry that is done for the child through high school age, the more complicated will be the dental needs for the child when he arrives at adult age.

4. If all the dental needs in the last twenty years had been corrected by compulsion through our school system, there would not have been the great number of rejections by the armed forces because of dental conditions.

5. If it takes six years of literary and scientific training after high school to equip one to render dental service for the normal child through high school age, it is evident that the same amount of training is not enough to render the more complicated dental service needed by the adult.

6. Our educational system is compulsory, but any physical defect that may interfere with that education may not be corrected through compulsion.

7. American dentistry cannot say that it has succeeded until it saves, undevitalized and uncrowned, the teeth of America's youth.

8. Dentistry can check and control caries without knowing its etiology.

9. The greatest objection that the leading men in the dental profession have to a two-level system is: that you cannot define a simple dental operation, or limit the operator to that field.

10. The first dental operation that any normal child of preschool age needs is a simple one, and if that is performed when it should

be, the next one, if taken in time, will also be a simple operation; and so on through the high school years. The dentists who are trained to render that service should have offices in the school buildings and be controlled by the school board.

11. If the State can demand a physical examination before a marriage license is granted, it can demand dental service for the child through preschool and high school age.

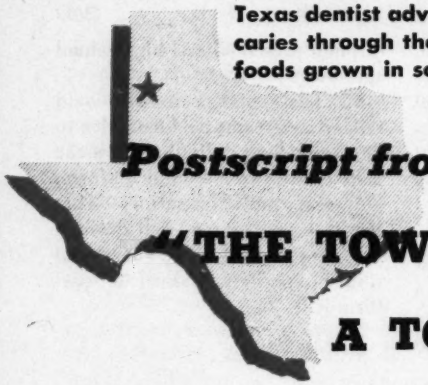
12. The dental profession could render no greater health service to the American public than to make dental care for the child uniform, universal, and compulsory. That service could be rendered through our school system by men and women specially trained to perform it.

126 *Marquette Street*
La Salle, Illinois

BIOMECHANICAL PROCEDURES IN DENTAL TREATMENT

UNTIL RESEARCH yields knowledge sufficient to assure complete mass prevention of the onset of prevalent dental disorders, the best biomechanical procedures of treatment, based on adequate methods of examination and diagnosis, will remain the chief means of general dental health care. Any tendency to minimize the importance of these biomechanical procedures disregards the impressive fact that, in dental health service, *mechanical precision represents therapeutic exactness.* Since 1919 dentistry has been receiving eminently valuable cooperation from the National Bureau of Standards in the scientific establishment of fundamental conditions for the therapeutic use of inert materials in the replacement of hard and soft oral tissues lost through disease. In this field dental faculties should teach effectively the important knowledge thus newly acquired, and also promote active research on future possibilities in the adaptation of the physical and chemical qualities of such materials in dental health service. The biomechanical expedients of dental practice, which for many years have been given the closest attention and have been farthest advanced, should continue to receive the benefit of intensive research to assure their progressive improvement, without weakening in dental education the growing applications of the basic sciences. For good reparative dental health care to be made available to the large proportion of the population now unable to pay for it, these biomechanical means should be simplified as they are steadily improved by further research, should be brought well within the service of the average general practitioner, and should be made available, with suitable materials and by effectual processes, at the lowest possible costs to both dentist and patient.—Malcolm Wallace Carr, D.D.S., DENTISTRY—AN AGENCY OF HEALTH SERVICE.

Texas dentist advocates the control of dental caries through the consumption of unrefined foods grown in soil rich in minerals.



Postscript from "THE TOWN WITHOUT A TOOTHACHE"

By GEORGE W. HEARD, D.D.S.

I HAVE retired from the active practice of dentistry, but am still living in "The Town Without a Toothache."[1] This slogan was originated through my findings during thirty years of continuous practice in Hereford. It was not adopted because there is no dental caries nor toothache here but because there is no toothache among the residents who confine their diet largely to the food grown here.

From the findings it appears that the soil and natural resources of Deaf Smith County, Texas, have the greatest supply of food material for building perfect health of any area yet discovered. Various types of food produce a variety of diseases; making it possible for a dentist, a nurse, or a diagnostician to diagnose the patient's living habits as well as the condition or disease.

On these high western plains in the area of Deaf Smith County there is a mineral-laden soil or subsoil which supplies material that builds bone and teeth. In this area fluorine is present in the water, and when present in more than 1.5 parts per million, it creates brown stain. Fluorine in the water is inorganic and, therefore, not compatible with blood and body tissues; thereby, producing in many cases brown, chalky enamel if a child uses this water during the formative period, which is approximately two years of age for the first teeth. After the enamel is formed the fluorine water does not discolor enamel. This fluorine

[1]Heard, G. W.: I Practice in "The Town Without a Toothache," ORAL HYGIENE 34:550 (April) 1944.

is supposed to be carried by rain water as it seeps through the earth on its way to the reservoir.

This same rich, mineralized soil also furnishes all growing plants with minerals, fluorine included, but these minerals are converted into organic (colloidal) minerals which are more nearly compatible with living tissue and the blood stream. The fluorine in food, though in larger quantity, does not discolor the teeth, and it is thought that it is this fluorine which is responsible for the absence of dental caries in this area. Lack of caries may also be attributed to vitamins in this area. I am convinced, however, that caries and brown stain can be avoided by using, during the formative period for permanent teeth, the foods grown here; especially dairy products.

It is interesting to watch the experiments with fluorine now being carried on in a few towns and cities over this country. One question which is always present in my mind is: why are perfect mouths found in nonfluorine areas?

Food Habits

During my forty-eight years in practice I have studied food habits. More and more my observations and questions have revealed to me that food is the only factor in dental caries. Through the years with every outstanding case of dental caries the patient admitted that I was correct when I told him the type of food which I thought he used in the greatest quantity. It is my belief that the greatest enemy to health is the poor quality of food obtained from impoverished soil or highly refined or poorly prepared food. We may use correct food, but overconsumption will break down our entire digestive system. The poisons therefrom are taken up by the blood stream and carried to all parts of the body.

Whenever and wherever there is health none of the common diseases is present. Most of these diseases are filth diseases and cannot live where conditions are sanitary. Besides studying my patients' mouths and general health and their diet, I had experience with myself. While I was out in the open I had no difficulty, but when I was confined in my office my health failed. It was revealed to me that I was overeating concentrated food. I have directed my attention since then to diet and correct living habits. By so doing I have made the twenty years since 60 the best and happiest of my career.

Dentists are constantly being called on for advice relative to why their patients are experiencing diseased conditions of the mouth and teeth. I have letters from dental patients all over the world telling me what their dentists tell them and asking for my opinion. When dentistry has been organized for more than one hundred years and yet does not know the cause of dental caries it is pitiful. Our central thought is the dollar, and a

better humanity will never be built in the midst of commercialism. The reason farmers impoverish their soil is because they are trying to make money instead of a living or building for health. Our civilization is built on a false basis.

All the mineral elements found or believed to be in the body are supposed to be natural in virgin soil, and every element found in the soil also may be natural in the body. When the soil is impoverished; that is, deprived of any of these minerals, then the body also is deprived of these minerals and becomes diseased accordingly; or if the foods grown on the perfect soil are refined in any way which destroys these minerals and vitamins, the body is also deprived of these elements which lowers its power to fight disease.

Nothing can build or create a moral or happy, contented citizenship when our foods are refined or impoverished by growing them on worn out or impoverished soil. I am convinced that if school pupils were properly nourished there would be virtually no incorrigibles nor failures.

During the thirty years of my practice in Hereford, Texas, I have no recollection of finding an unhealthy mouth in any one who has used largely foods which have not been refined nor impoverished in any way. The body needs a large variety of fruits and vegetables; the mineral and vitamin elements must not be destroyed. Different fruits and vegetables contain different minerals and vitamins, and the body must be supplied with these or disease develops. While the body must have the elements, it is not wise to consume all these at one meal because this would likely result in overeating. Sufficient fruits and vegetables assure an abundance of the alkaline elements which help to keep our bodies alkaline or normal. When our blood approaches the acid side, we may expect colds and any of the common diseases—including dental caries.

Hereford, Texas

PHYSICIAN AND DENTIST LEGISLATORS

IN THE present 80th Congress there are eight physicians and two dentists, one more physician and one less dentist than in the 79th Congress. As a result of an inquiry it was learned that in thirty state legislatures there are fifty-three physicians and sixteen dentists, while eighteen states report no physicians or dentists in their legislatures. Eighteen states have but one physician, while nine have two physicians serving this year, and three have four, five, and six, respectively. The governor of Idaho, Doctor C. A. Robbins, Boise, is a physician, and the governor of Wyoming is a dentist, Doctor Lester C. Hunt. Twelve states have one or two dentist legislators. One legislator holds a degree of D.D.S. as well as that of M.D.—*The Journal of the American Medical Association.*

PRIZE AWARD WON BY APPEAL FOR ORTHODONTIC TREATMENT

LEON R. KRAMER, D.D.S., of The Kansas State Board of Health, has won this month's $100 ORAL HYGIENE award for the best article published, because he has presented in human terms understandable to all the problem of THE CHILD WITH THE CRIPPLED FACE.

• • •

In his position of Director of Dental Hygiene in Kansas, Doctor Kramer has seen at firsthand the tragic results of the lack of orthodontic treatment. He has known how to report his findings, and he offers a constructive plan for contributing to the happiness and well-being of children with crippling facial defects.

• • •

Contributors to the ORAL HYGIENE "best article of the month" competition have won more than $5000 in awards for their practical, down-to-earth articles and human interest stories.

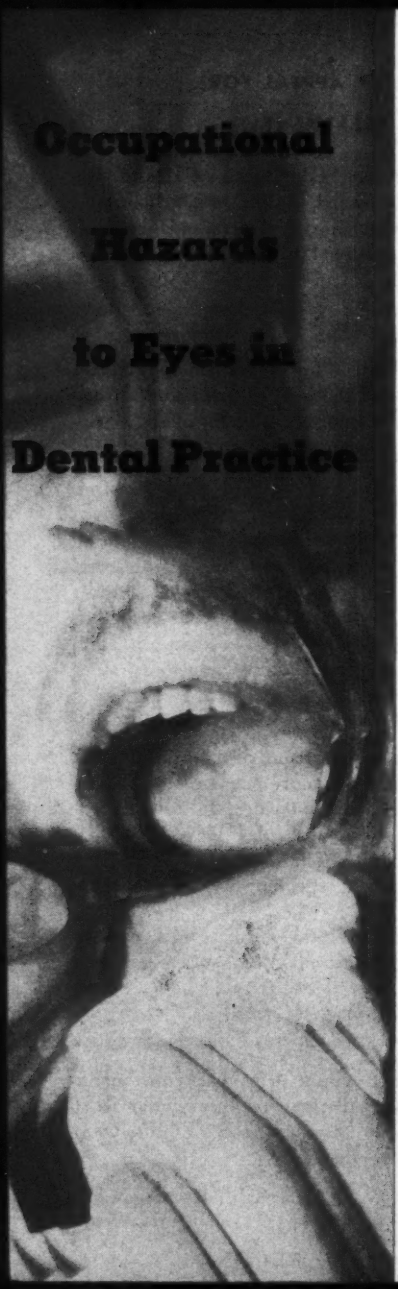
• • •

We want to know how the dental scene looks from your point of view. If you or one of your colleagues has found a more efficient way to conduct a dental practice or a better way to utilize leisure, tell us the story in 1500 words and send it along. Here are the rules:

1. Emphasize the dental angle in your article.
2. Write your story in simple, direct, specific language without literary flourishes.
3. Your manuscript must be limited to 1500 words, typed, double-spaced, and accompanied by return postage.

• • •

Mail your story today! If you do not win a prize but your manuscript is acceptable for publication we will pay you the regular word rate. Send your manuscript to: Edward J. Ryan, D.D.S., Editor, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



Occupational Hazards to Eyes in Dental Practice

An ophthalmologist discusses eye conditions and precautions of special interest to the dentist.

By H. ISABELLE McGARRY, M.D.

IN ANY consideration of the health of the dentist, the eyes are a most important factor. Though dentists are not predisposed to eye disease through their daily visual requirements, they are subject to certain definite eye hazards.

One eye disorder, which is not a disease but which requires corrective lenses, is hyperopia or farsightedness. In this condition, the young person sees readily at a distance, but has difficulty in focusing at close range. The dentist, because of the large amount of service he performs at close range, will complain of ocular fatigue from this condition fairly early, even though the hyperopia is small in amount. This does not mean that the eyes are becoming diseased, since excessive use has no effect on healthy eyes, but that the error becomes manifest sooner and that glasses for the working distance may therefore be required fairly early.

A second condition which may need correction earlier for the dentist than for the average person is presbyopia. Presbyopia is a gradual loss of the ability to focus at close range. This is caused by a hardening of the lens substance, which makes it more difficult for

the muscle of accommodation to contract sufficiently for close work. Ordinarily presbyopia manifests itself in the normal eye at about forty-five years of age. It occurs at the same rate in dentists as in any other business or professional group, but the dentist will probably notice discomfort and difficulty in focusing earlier because of his close working range of about twelve to fourteen inches. It is interesting to note, in the poll of dentists conducted by ORAL HYGIENE,[1] that the great majority of dentists who considered eyestrain a result of dental practice had been practicing from twenty-one to twenty-five years, which would put them in the presbyopic grouping.

Infection from the patient's mouth may be carried to the dentist's eye through the operator accidentally rubbing or scratching his eye or through the patient coughing or gagging while the dentist is operating. This is especially true if the patient has an upper respiratory infection since the pneumococcus or staphylococcus, which are common invaders in such a condition, are a source of acute conjunctivitis in many instances; and the acute conjunctivitis, in turn, may be followed by corneal ulceration.

Foreign body is a hazard to the dentist because of the use of the dental engine. The foreign body, being projected at a rapid rate, may readily become embedded in the cornea or conjunctiva of the operator's eye. There is here the factor of infection to be considered, since the mouth harbors a high percentage of the pus-forming organisms, and corneal ulcer is a definite possibility. Immediate extraction of the foreign body and treatment to prevent or minimize infection should be instigated.

Many operators who do not need corrective lenses wear protective goggles when working with instruments which operate at high speed. The dentist should have protection just as the laborer who operates a drill wears protective goggles.

[1]Biller, F. E.: The Occupational Hazards in Dental Practice, ORAL HYGIENE 36:1194 (July) 1946.

636 *Church Street*
Evanston, Illinois

VETERANS' CLEARINGHOUSE

ORAL HYGIENE will continue to print free want advertisements for returning Dental Corps veterans and for other dentists who may have opportunities to offer veterans. Please send these advertisements to the ORAL HYGIENE publication office at 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania—not to the editorial office.

Preferences

For Dental Veterans?

*By MYRON WEISS**

TWO HUNDRED and twelve dentists who served in World War II recently gathered in the Willkie Memorial building in New York City to revive and amplify a Dental Veterans Association.

This is an organization that took premature form two years ago as dentists began to be released from military service. At that time the idea of association was largely one of brotherhood. Men who had worn bars, leaves, and eagles, men who already felt the dim twinges of pes planus and angina pectoris, felt themselves part of a community with one another. They hoped, as mistakenly as dimly, that such fellowship would last into the practice of civilian dentistry which is as individualistic and separatistic a profession as exists in this country.

Plans for a Dental Veterans Association "petered" out as men with prewar lucrative practices resumed virtually where they left off; as men with well-to-do families or brides found office space and equipment; as the less fortunate encountered disappointments, gastro-intestinal upsets, circulatory storms, and deep-rooted bitterness.

A definite impression has grown up among dental veterans, an impression that has generated much resentment, that the American Dental Association, and particularly its constituent local societies, have not only failed to help returning dental veterans, but have actively (although covertly) impeded their establishment in civilian practices. This resentment is especially noticeable among younger men who went directly from dental schools into military service, and therefore have had no opportunity to start the repayment of their educational costs.

V. A. Dental Service

Adding to this resentment is the policy of the Veterans Administration which, in order to give discharged personnel all the dentistry

*Mr. Weiss, New York Consultant Editor, was formerly Associate Editor of *Time*.

Independent dental organization established to promote the interests of ex-Service dentists.

they require to repair Service-incurred disabilities, now allows all licensed dentists in the United States to service those men and women. Dentists who never left civilian practice and dental veterans who quickly re-established their civilian practices have the bulk of Veterans Administration patients. The dental veteran who gravely needs such patients at no matter what fee schedule has few of them. He is not well known, popular, or smart enough. And the local dental societies who (argue veterans) are in virtually all cases officered and "controlled" with at the most World War I recollections do nothing (in the belief of World War II veterans) to help late-comers.

As a result of these intersnagged resentments and exasperations the dental veterans who with weary eyes and aching shoulders gathered in Willkie Memorial building had one thought in common. This was to form a strong organization whose chief aim would be to get preferences for dental veterans in taking care of all Service-incurred dental disabilities. The head dentist of the New York regional office of the Veterans Administration, Doctor A. A. Greines, advised those worried and angry dental veterans that they did not have a chance to get such preference over nonveteran dentists. There was just too much Service-incurred dental disease to be treated. But the dental veterans figured that they might put effective pressure on General Paul R. Hawley of the Veterans Administration, or on congressmen, to get such preferences.

They anticipate far less difficulty in getting preferences for dental equipment and supplies to be sold by the Army, Navy, and War Assets Administration.

Through what channels should these veterans apply their pressures; through the local, state, and national dental societies; or through a special Dental Veterans Association?

A great number of dentists in the New York area want to work solely through the First or Second District societies, and on up through organizational channels.

Another great number honestly believe that such societies belittle their war-won "rights" and handicap them in the interests of practitioners who never saw military service.

So on the same evening that the Dental Veterans Association met there was a "rival" meeting of similar veterans at the headquarters of the First District Dental Society in the Pennsylvania Hotel half a mile away. That "rival" meeting was relatively decorous. The eighty or so who attended were confident that the American

(*Continued on page* 1033)

Heed the warning of this colleague when psychoneurotic patients present themselves at your dental office.

The Psychoneurotic Patient Is Dangerous!

By ***JOSEPH MURRAY, D.D.S.***

THE MOTHER shook her daughter furiously, then placed her ear to the girl's breast and moaned, "My God! She isn't breathing."

What has this incident to do with dentistry—and with this dentist in particular? Plenty!

It all began when a neighbor brought into my office her 19-year-old daughter who complained of pain in her "gums." When I attempted to take the patient's history, the mother began to answer all the questions. She volunteered information not requested like: "Do you know, Doctor, I fed Hilda until she was 9 years old."

Making a tentative diagnosis of the case, I said, "It looks like an infected 'wisdom' tooth. But roentgenograms of the mouth must be taken before I can give my diagnosis."

"You don't say," answered the older woman. "One of my dear friends died after a dentist extracted a 'wisdom' tooth. The biggest specialists couldn't save her."

Clinical and roentgenographic examinations corroborated my suspicion that Hilda was suffering from a pericoronal infection of a lower right third molar. Her mouth showed signs of poor oral hygiene; so conservative treatment was instituted. She was told to rinse with a warm peroxide solution, instructed in the proper toothbrush technique, and an iodoform drain was inserted under the distal flap of the inflamed gingival tissue. The drain was changed daily for a week and penicillin troches were prescribed as an added measure against infection; and the mouth began to assume a normal condition.

She was then sent to her physician for a general medical checkup. There were no signs of any systemic disease, although he prescribed an additional 150,000 units of penicillin because the pericoronitis was reoccurring.

After the acute symptoms had subsided a second time, I extracted the tooth, giving the patient printed instructions for postoperative care. This 19-year-old girl returned the next day, apologizing for not rinsing her mouth—because her mother was attending a funeral and could not boil the water for her.

And shortly after, the mother herself rushed into the office excitedly, "My Hilda has an awful buzzing in her ear. I actually heard it when I listened closely," she continued. "So I put some ear drops into her ear, but it still hurts. Do something, Doctor!"

I did plenty! For a week I irrigated the socket with warm potassium permanganate, inserted drains coated with butyn metaphen ointment, applied zinc oxide, thymol iodide, and aspirin paste—but to no avail. The young lady had developed a "beautiful" dry socket.

And every day, sometimes two and three times, the mother would drop in with her complaints, diagnosis, and free advice. "You know, Doctor, I have the utmost confidence in you, but we'll have to do something about Hilda. In our family we are accustomed to going only to the biggest and the best doctors," she added. "A specialist once told me that he never saw such a 'chonical' sinus. And a pharmacist once asked me, 'Who is your physician, Mrs. ——? A prescription for a "bronical" cough like yours, I have never seen!' "

Consultation

I took the hint and sent mother and daughter to an *internationally* known oral surgeon. He confirmed my diagnosis of a dry socket, in-

formed me that resolution was taking place, and advised packing the socket with a sedative paste for two days.

On her way home from the specialist, the patient noticed bleeding from the wound. Excitedly, the mother ran in to inform me that she thought a nose and throat specialist should be called into consultation. I tried to explain that bleeding was a sign of healing—but my voice fell on deaf ears. An hour later she was back. "We need oxygen! My daughter is gasping for breath!"

I rushed into the patient's home to discover that the gasping was an effort to bring up some blood and mucous which were accumulating in her throat because of her prone position in bed. She could talk, eat, and endure the noisy chatter of her friends. But as a precaution, I asked the physician who had examined her originally to look her over. He found her condition to be satisfactory—heart, blood pressure, pulse, and respiration normal. And her temperature too was slightly below 100° F. The physician advised her to continue rinsing with a warm saline solution as I had previously ordered.

Of their own volition, the family called in an ear, nose, and throat specialist who proceeded to "scare the wits" out of them. The general practitioner and I were hastily summoned to the patient's bedside.

"You called me in the nick of time. Your daughter is a very sick girl," the specialist said with his best professional air.

Medical Alarmist

I subsequently found out from several physicians in the neighborhood that he was an alarmist, indeed, and that few practitioners called him into consultation for that reason.

"What is your diagnosis, doctor?" I asked.

"It could be edema of the larynx or osteomyelitis."

"But what is it?" asked the physician.

We never did get a diagnosis. But the specialist did say, "She's a very sick girl! We need a million units of penicillin, and a day and night nurse."

The next day the mother visited me again. "Hilda's right leg is jumping," she wailed. The girl had developed a muscular twitch, especially around "penicillin injection" time.

The night nurse confided in me that the mother had on several occasions lifted her daughter's breasts to determine cessation of breathing or had listened to her ear for buzzing noises.

The whole family openly discussed operations, death, and funerals within earshot of the patient. For a week it was like carnival time in my neighbor's home. Visitors came and went. The daughter, the mother, and the aunt were enjoying it immensely. Their precious "child" had been snatched from the brink of death. The moth-

er was holding forth: "I only go to the biggest and best doctors." And to the physician and me, the mother and aunt gloated triumphantly, "Let that be a lesson to both of you."

Like the engineer of the train who saw the danger signal but stopped the train too late I too saw the red light but was color blind. So I have decided that:

1. Psychoneurotic patients are dynamite and are taboo in my practice.

2. A thorough history for every new patient, with special emphasis on psychoanalysis, is mandatory.

3. Every patient, if handled skillfully, will talk and eventually reveal a phobia, neurosis, or mental ailment, if present.

4. Karen Horney's NEUROTIC PERSONALITY OF OUR TIME will be my handbook from now on.

To my colleagues, I offer this advice free and with all sincerity: It took me seventeen years to discover what no postgraduate course could offer. And I truthfully feel I have learned my lesson well. I say: "Avoid the psychoneurotic like the plague, especially if he is your neighbor. Send him to a psychiatrist first if you value your own health and peace of mind."

1358 *Forty-Sixth Street*
Brooklyn 19, *New York*

MOOREHEAD MEMORIAL FUND

A SUITABLE memorial to the late Frederick B. Moorehead, D.D.S., M.D., former dean of the College of Dentistry, University of Illinois, is being planned by a committee created by the Alumni Association of that dental school.

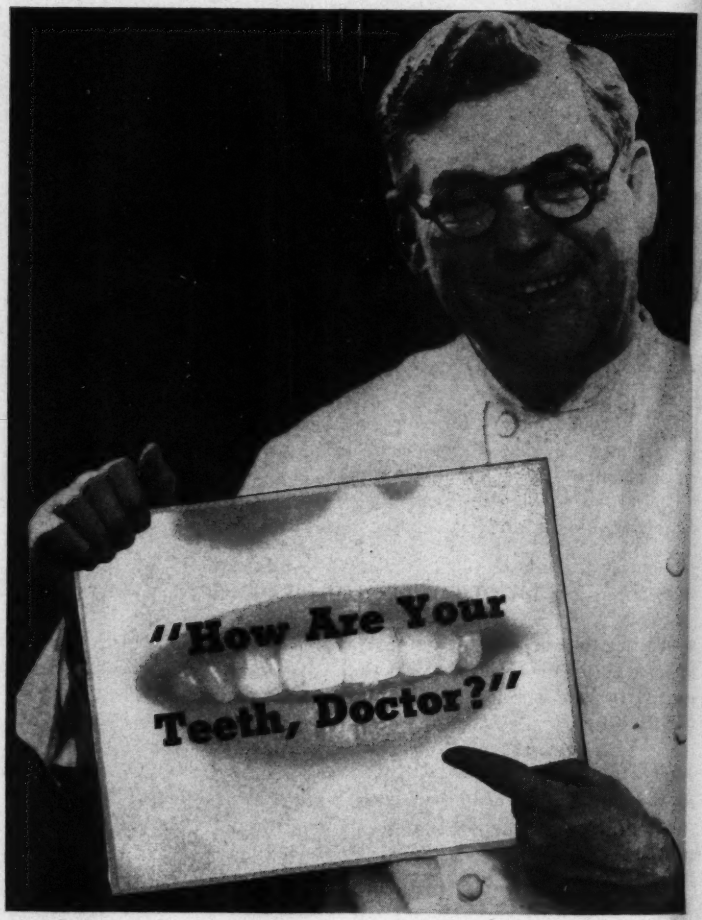
A leader in dental education, Doctor Moorehead was one of the first deans in the United States to emphasize the importance of a thorough training in the basic sciences for dental students.

The response to the solicitation for contributions to this fund will determine the kind of memorial to be created.

Friends of Doctor Moorehead in the medical and dental professions, and the alumni of the College of Dentistry, University of Illinois, are asked to send their checks to: Robert I. Humphrey, D.D.S., Treasurer, Moorehead Memorial Committee, 185 North Wabash Avenue, Chicago, Illinois.

Donations to this fund are deductible from federal income tax, according to a ruling by the Commissioner of Internal Revenue.

The members of the committee are: Edward J. Ryan, Chairman; Stanley D. Tylman, Co-Chairman; Robert G. Kesel, Secretary; and Robert I. Humphrey, Treasurer.



By MAURICE J. TEITELBAUM, D.D.S.

WHILE ATTENDING a postgraduate course on full denture technique last year, I observed with amusement that one of my colleagues was edentulous. I thought of a number of reasons for his failure to wear dentures at that time, and dismissed the episode from my mind. But when the course ended, about

You cannot convince your patients of the need for complete dental care if you are neglecting your own teeth.

three months later, and he was still "orally undressed," I became disturbed. How could that dentist instruct his patients on the need for wearing full dentures if he himself seemed to get along without them?

The incident came to mind again recently when I attended a lecture on the problem of complete oral treatment by the three-visit plan of examination, diagnosis, and treatment planning. The procedure utilizes, besides the usual full-mouth set of roentgenograms and study models, a complete understanding of the patient's personality, desires, and needs, and his subsequent education as to the reasons for those needs. This method of approach, it seems to me, is the common-sense one for rendering a better service and establishing a more successful and a more lucrative practice.

When this plan of practice management is adopted, why are some of us more successful than others in its application? According to Doctor I. Tulkin of New York, who is an advocate and instructor of this plan, we may fail in one or more of the other factors which contribute to success in dentistry; namely, exceptional personality, favorable location, good contacts, skill, and personal attitude.

Sincerity

It is in this last factor that I like to include sincerity which I feel is of primary importance in the successful presentation of this plan or any other good plan for dental service. Can a dentist who *professes* a belief in a long-range plan for mouth care ably present his case to the patient if he does not really believe in it himself? Can any plan for good dentistry be properly presented to the patient and accepted without sincere conviction as to its merit on the part of the dentist? They say that a salesman must believe in his product if he is to convince the prospective customer of its benefits. If this is so, then it follows that the dentist must believe in the type of service he proposes to undertake if he is to convince the patient of its benefits. There is more conviction and confidence in a dentist's voice and more persuasiveness in his manner of presentation when he believes fully in the treatment that he is advocating.

Dentist's Teeth

At this lecture on treatment planning, I observed that one of the dentists who was in full agreement with the merits of this plan had an upper bicuspid missing. As he commented upon the importance of replacing missing teeth the air rushed out between the spaces in his own teeth. Did his comments in favor of the plan re-

veal true conviction and sincerity? I think not. Believing in your plan of treatment does not mean verbal approval but dental approval.

I could have said to him, and I say to you, "How are your teeth, Doctor? Is your mouth examined periodically? When was your mouth completely roentgenographed last? How about your missing teeth, have they been replaced? Does your bite need any adjusting? When did you receive your last prophylaxis?"

If these are the questions that you are likely to ask your patients, then how about a little introspection and self-examination? You say you have not had the time to have your mouth checked. Will you accept that from a patient, a businessman, who comes to your office with a badly neglected mouth and only wants the tooth that hurts treated because he is too busy to have other treatment? You will most likely tell him that his teeth are so important to his health and appearance that he must find time to have them treated. When you say that, do you mean it? If you do, he might believe you.

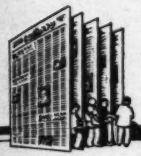
Did you say that you are afraid? When your last patient told you that, do you remember how you smiled and assured him that dentistry today is painless with the use of procaine, analgesia, and other anesthetics? I am sure that it cannot be money that interferes with your dental treatment because didn't you once say: "More delay means more decay, and that means more expense."?

Few of us are good enough actors to convince patients of the necessity of long-range planned dental treatment when we ourselves do not believe in it. When our own teeth are neglected, it must mean that we are unconvinced of the importance of our own plan for treatment. Consequently the patient will not be easy to convince. If we sincerely believe in good dentistry, we can more easily make our patients believe in it. The dentist who shows missing teeth when he smiles will have a hard time convincing his patients of the urgency of replacing their missing teeth. And the dentist whose teeth are heavily coated with calculus and stain will make a poor salesman in trying to sell the idea of periodic prophylaxis to his patients.

446 *Clinton Place*
Newark, New Jersey

WHEN YOU CHANGE YOUR ADDRESS

WHEN you change your address, please always furnish your *old* address as well as the new one. Address changes should be sent to the Publication Office of ORAL HYGIENE at 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



Dentists in the News

Grand Forks (*North Dakota*) *Herald*: Doctor R. A. Ogilvie, Grand Forks dentist, waited until he was 69 to learn to fly his own plane. In May, 1945, while on a fishing trip he decided to take instructions and last December he earned his pilot's license.

"If I'd known how tough it was, I never would have started," he says now. "Why if I hadn't been such a stubborn old Scotsman, I would have quit many times."

Doctor Ogilvie has flown 190 hours, 90 of them in his own Ercoupe. One of his flying trips was made to the Chicago

Midwinter Meeting. On his return from Chicago he went "over the top," a flyer's term for flying above the clouds. "I had one of the biggest thrills of my life," he related. "I came out at 5,500 feet, and it's a beautiful sight to see the blue sky and the bright sunshine. On the other hand it's not so good not to see the ground."

Salt Lake (*Utah*) *Tribune*: A prominent Spanish Fork dentist, Doctor Wells T. Brockbank, recently was elected a member of the State Board of Education to represent District Four. He assumed his new position April 1 and will serve until March 31, 1954.

Doctor Brockbank has been prominent in educational activities for many years. He was formerly President of the Nebo School Board for eleven years.

Fitchburg (*Massachusetts*) *Sentinel*: In recognition of his service among Franco-American people and in dental societies, Doctor J. A. N. Thibert, Fitchburg dentist, was awarded an honorary degree from the University of Montreal at a recent meeting of the Franco-American Dental Society in Boston. He is one of five in the country who have had this honor conferred upon them.

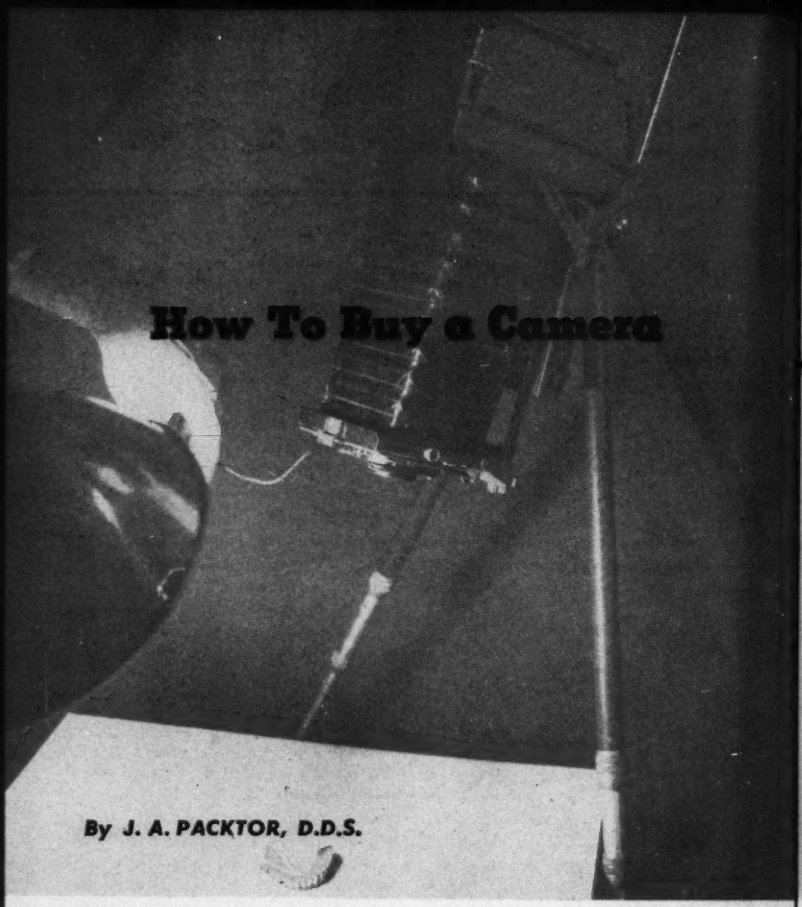
Doctor Thibert is well known in Canada for his lectures on analgesia. He has devised original procedures and invented special instruments for use in this field.

Milwaukee (*Wisconsin*) *Journal*: When Doctor Roger Johnson, Superior dentist, saw a wad of money on a downtown sidewalk he picked it up even though it was April Fool's Day. In the roll of bills held together with a rubber band was approximately $500. He is waiting for a claimant to tell him exactly how much money there was and where it was lost.

Doctor Johnson was in Milwaukee to attend the convention of the Wisconsin State Dental Society. He graduated from Marquette University School of Dentistry in February and opened dental offices in Superior.

Rapid City (*South Dakota*) *Daily Journal*: Even though Gerry Wagner, Rapid City, has had his teeth restored

(*Continued on page* 1038)



How To Buy a Camera

By J. A. PACKTOR, D.D.S.

These suggestions on how to select a camera will save you time and money.

FOR THE DENTIST, photography can be a satisfying hobby, a valuable adjunct to dental practice, or both. In view of the multiplicity of cameras offered in both the new and used field, the selection of the right one becomes a problem. The answer to that problem is simply: What kind of pictures do you want to take—what do you want the camera to do?

For the sake of simplicity, enjoyability, and economy of time, equipment, and money, it would be preferable to work with a single instrument. This is possible, but it usually takes the beginner about a year's time of experiment-

ing, and the needless expense of buying one or two cameras, before he finds the right one. The purpose of this article is to save some of that time and expense and to guide the uninitiated.

If you are interested in photography solely as a hobby, any of a score of different makes of either folding or reflex-type cameras having an anastigmatic lens with a speed of about f4.5, shutter speeds up to about 1/200 to 1/400th second, and the usual aperture openings accompanying such a lens, will generally suffice. Of the shutter mechanisms available the "Compur" is excellent, but today some domestic makes are equally as good. Unless you are prepared to do your own enlarging, the print size should be at least 2¼ inches square. While a roll film camera simplifies handling the negative material, the advantages of cut film or film pack should be considered.

The following ways may help you to become acquainted with these camera features in order to determine the suitability to your particular needs:

1. Discuss camera types, film processing, printing, and enlarging procedure with an advanced amateur photographer.

2. Secure information on cameras from several photographic supply stores.

3. Obtain complete descriptive literature from the manufacturer of the camera you are considering.

Once you are familiar with camera technique, you can easily learn to take good "before and after" pictures at the chair or pictures of models and appliances. Although the camera used by hobbyists can be used for these pictures, it is usually more satisfactory to use a camera having a few added refinements.

Camera Refinements

The lens and shutter speeds previously mentioned will be satisfactory. The camera, however, should be of the cut film type so one or more films can be developed after exposure and possibly printed the same night. At least the negative can be developed, examined, and if unsatisfactory, the subject can be photographed again. (Incidentally, if you can develop a roentgenogram you can develop a negative.) This will prove handy where the setup is complicated, and save the trouble of tearing it down and re-assembling at another time. In any case, it will not mean waiting until a roll of eight or more exposures have been taken before you can see results.

This same camera will also accept a film pack; the technique of loading being slightly different but the results the same. Print size should be at least 2¼ by 3¼ inches; the 9cm. by 12cm. being popular with professional workers. This camera has the added advantage of a ground glass back in which the subject is visible as it will appear on your negative; a feature which is of considerable

help in focusing and composing.

Close-Up Photography

The camera should have a bellows capable of double extension for close-up work. This allows you to come up to within a foot or so of the subject and fill the complete negative with, let us say, just the mouth area. If an appliance or model is not too large, a 1:1 ratio in size is possible. Of course, with patients as with appliances and models, the lighting and background deserve special consideration. The camera having these refinements may also be used for home portraiture, sunsets, picnics, and for the baby in the bathtub as well.

At the time of actual purchase, the camera chosen should be thoroughly examined by someone experienced, especially in the case of a used instrument. If this is not possible, insist on a trial period (with money-back guarantee) and take the camera to a reputable camera repair firm and ask for an appraisal. This cannot be stressed too strongly and applies to new cameras as well. Every working part from the shutter mechanism to the little bushing that fits the tripod head should be closely inspected and tried four or five times for correct action.

The bellows should be examined for pinholes and the focusing device checked as follows: Secure the camera to a table top or tripod and, with shutter wide open, focus on some large print of about one-inch letters in good light. Rack the bellows in and out until the letters are in sharp focus (use a magnifying glass if necessary) and check the distance as shown on the scale in feet against an actual tape measure reading. Finally, shoot eight to ten negatives as an actual test.

If your local dental society gives a course in photography, by all means take it before buying a camera.

30-03 *Grand Avenue*
Astoria, Long Island

WOMAN'S AUXILIARY AIDS WISCONSIN DENTAL SOCIETY

ELEVEN years ago the Woman's Auxiliary to the Wisconsin State Dental Society was created for the purpose of assisting the profession. It was organized along the same lines as the State Dental Society, with twelve district auxiliaries.

The principal activity of the Auxiliary has been the collection of scrap amalgam, the sale of which has brought in almost $11,500. This money has helped to meet the demands of needy members of the Dental Society. The Auxiliary also makes contributions to the Scientific and Health Exhibit of the Society, according to Mrs. S. C. McCaul, President.

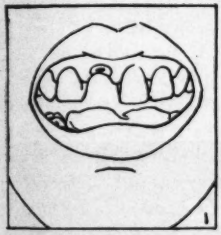
Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

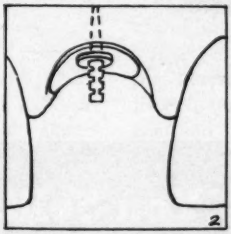
Drawings by Dorothy Sterling

A Simple Method of Constructing a Temporary Acrylic Crown

By CHARLES I. STEIN, D.D.S.

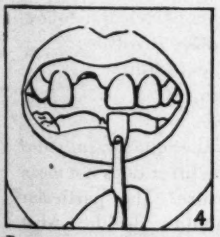


The case: A devitalized upper right central incisor has been broken.

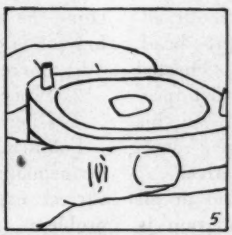


Fit a Davis pin into the root, allowing the base of the pin to protrude from the root canal.

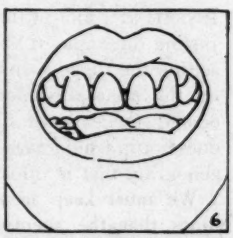
Around the protruding end of the pin, carve the proper tooth form in white inlay wax.



Remove pin and wax from the root. Select the proper shade of acrylic.

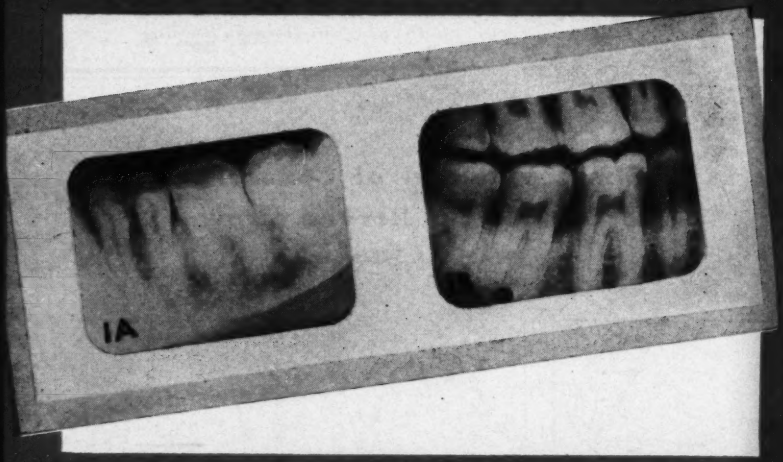


Flask and cure in the usual manner.



The result is esthetically pleasing and serviceable.

Fig. 1A—Periapical exposure fails to demonstrate pulp exposure, caries, or loss of alveolar crest.
Fig. 1B—Bite-wing film demonstrates caries and change in alveolar crest.



Are You Selling Roentgenograms or Diagnosis?

By ALEXANDER WEINBERGER, D.D.S.

INSERTING a film in the mouth, adjusting the angle of the tube head, setting the timer switch as charted on the apparatus, and then processing the exposed film—all this does not in itself guarantee a roentgenogram that is informative.

We must keep in mind at all times that the roentgenogram is only an aid to diagnosis. Clinical symptoms and tests are fundamentally essential.

If we are to use the x-ray machine, let us consider the following fundamentals involved:

1. Correct exposure
2. Processing
3. Diagnosis.

Following the charts provided by the manufacturer does not mean correct exposure. The particular problem should decide what should be done, keeping in mind

The dental patient has come to expect the roentgenogram as a part of a dental diagnosis.

the basic physical principles of roentgenology. There are target film distance, object film distance, and combinations of both, to help determine correct exposure.

If you are interested in the apexes they should be distinctly shown and a sufficient area around each should be visible. The routine periapical film is misleading for dental caries, or for periodontal disease — a particularly abused phase of roentgenology.

The technician should learn to make successive exposures, varying the angulation and exposure time to produce a suitable picture that clearly demonstrates the area concerned for the particular problem, and should include all anatomic variations.

An examination of the processed film will inform us if we have applied exacting technique with the x-ray machine. This brings us to the second phase of our work.

Processing the exposed film correctly is necessary to obtain the results expected when exacting exposures are used. For developing, time and temperature method is the most expedient. Developing by sight requires skill and, even in the hands of the experienced, it is dangerous; resulting in the fogging of films.

Finger marks, scratches, and artifacts are to be avoided.

The common film tree is becoming outmoded and rightly so. It necessitates overhandling of the film and invariably nicks it at the most important area.

The film, after fixing, should be thoroughly soaked in a bath of water constantly freshened with running water. The chemicals of the processing solutions must be removed from the emulsion down to the celluloid base. That is why

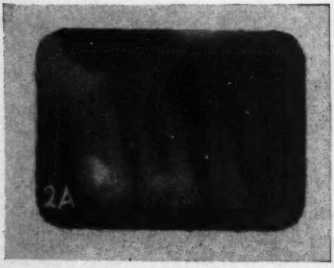


Fig. 2A—The sinus is shown over the second molar.

Fig. 2B—Changing the direction of the central ray eliminated the sinus over the second molar tooth.

we insist upon soaking; otherwise the film discolors and is useless for future reference.

The final procedure, diagnosis, should be made from a dry roentgenogram using a special light. It is possible to make a wet reading, but when in doubt wait for the film to dry. Many a root tip has remained because the operator attempted to find it on a wet film.

A professional viewbox, preferably one that has a rheostat for cutting down the intensity of the lamp, should be part of your equipment. If you have need for a brighter light than provided in the viewbox, you can be certain your film is either overexposed or overdeveloped.

Before you make a decision, combine your reading with clinical symptoms and tests. If necessary, make additional exposures. Attempt to make a specific diagnosis rather than a general one of radiolucency or radiopacity.

Scientists have predicted that the factory of the future will be operated without human labor, the electronic eye controlling all machine operations even to the point of inspection.

Perhaps some day we may have an x-ray apparatus perfected to a similar degree, but until then it is necessary that we apply ourselves. The x-ray machine is fallible because of many factors, one of which is the technician. Since this factor is the easiest to overcome, we should perfect our techniques in all three phases of roentgenography so that we can charge the patient for a diagnosis, not a roentgenogram.

4536 *Old York Road*
Philadelphia, Pennsylvania

HEIR TRIES TO INVEST INHERITANCE IN DENTURES

A MAN living near Memphis inherited about $500 unexpectedly, and went to see a dentist immediately. According to reports, he told the dentist he wanted all his teeth removed and dentures made. The dentist examined his teeth and told him they were in good condition.

"Yes, but I want 'em pulled," the man insisted. "I want 'plates.'"

"But that doesn't make sense," the dentist said. "Why do you want 'plates'?"

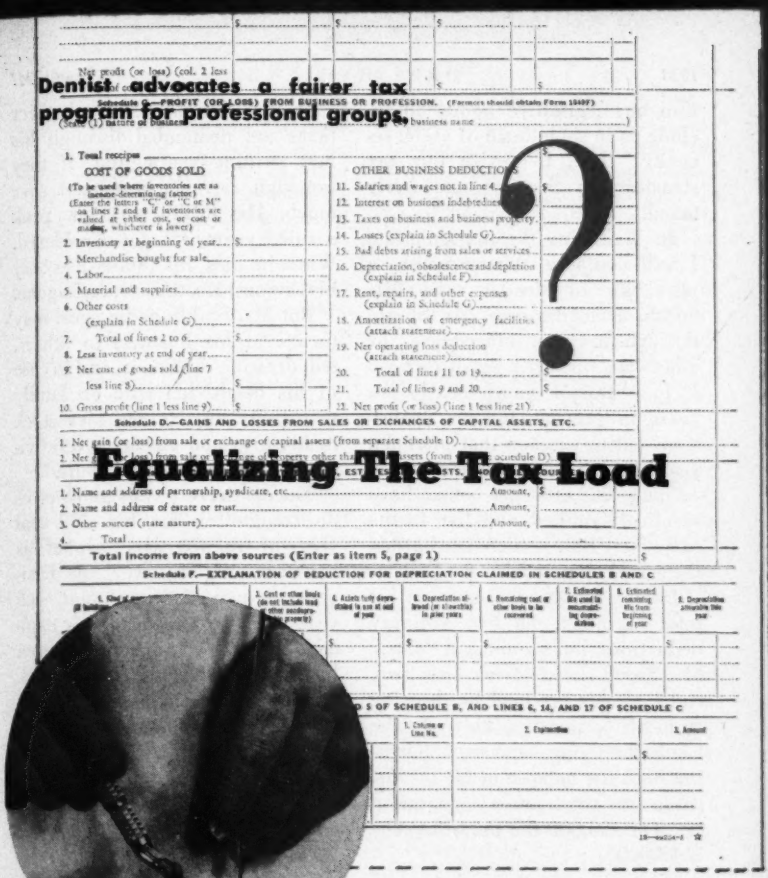
"Well, my teeth may be all right now, but they won't be in a few years," the man said. "I'll have to have 'em pulled sooner or later and wear 'plates,' and I got the money now. I probably won't have it later."

The dentist, however, refused to remove the healthy teeth.

"Then I'll find a dentist who will," the patient said, and left to look for a more cooperative dentist.—*Memphis (Tennessee) Press-Scimitar.*

Dentist advocates a fairer tax program for professional groups.

Equalizing The Tax Load



By LEONARD A. MORESS, D.D.S.

IN A RECENT editorial in *The New York Times* it was stated that our dollar has depreciated one-third since the beginning of World War II. It has been further pointed out that the cost of living this year has gone up 3.17 per cent. The inflated dollar probably is here to stay, and we had better become accustomed to it. This must naturally affect our fees and, in fact, our standard of living.

For those of us who have been purchasing insurance and annuities to take care of our old age, something must be added. I propose, therefore, that we join with other professional groups to peti-

tion our legislative bodies to include us in some form of social security; then, to revise our tax structure so that we are fairly taxed.

In discussing the tax situation, I will compare Doctor Smith, a physician or dentist, and Mr. Smith, a businessman. Mr. Smith, through savings, inheritance, or otherwise, opened a small factory. It took Doctor Smith nearly ten years to prepare for his profession. Let us assume that after ten years have passed, both men are earning $25,000 per year, have identical families, and live in the same city. But, is their tax burden the same? Not at all.

Doctor Smith pays taxes on his total earnings; he has ordinary deductions, but no unusual "outs." Mr. Smith, head of his own firm, can limit his tax load by drawing from his corporation only what he needs for living expenses, ploughing back the balance of his profits, subject to the modest corporation tax. On $25,000 the tax difference is $3,000.

Doctor Smith pays whatever taxes are demanded through his best earning years, and, if they are high as now, he cannot save much. His health, his few peak earning years, are not considered. When he dies, his family has only his savings. He, the earner, is gone.

But Mr. Smith, as he ages, may turn over his business to others, still drawing dividends, and in case of his death, his wife or family may carry on. He can give stock in his firm and cut taxes on dividends, and have other "outs."

The dentist or physician receives no recognition for his skill and years of training. His "capital" is his own self. However, the businessman may deduct a sum each year for depreciation of his capital—buildings, machines—even farmers can do this for livestock purchased for dairies.

The question is—will we do something about it? We must not lose valuable time.

Park Central Hotel
New York 19.

DENTISTS IN THE NEWS

(*Continued from page* 1029)

with pieces of mess kits, knives, forks, and a ground-up dime, Doctor G. E. LeMar, his dentist, finds these restorations in good condition.

After examining Wagner's teeth, Doctor LeMar wrote on a Veterans Administration examination blank: "This boy has a remarkable set of teeth despite the fact that he was a Jap prisoner for thirty-five months. Most of the 'fillings' were put in for him by Americans while he was in the prison camp, Cabanatuana Camp No. 1, at Luzon. Their alloy was made of mess kits, silver filings, and mercury. All 'fillings' are in perfect condition. This speaks well for American ingenuity."

Charleston (*South Carolina*) *Evening Post*: After turning professional golfer

on a trial basis, Doctor Cary Middlecoff, a dentist of Memphis, Tennessee, recently won his first PGA open tournament title after a play-off victory over George Schoux at Charlotte. Doctor Middlecoff won $2,000 and Schoux $1,400.

Memphis (Tennessee) Commercial Appeal: Doctor Ed Cressler, Newton, Kansas, dentist, was seriously hurt recently when his private airplane crashed on the lawn of Doctor L. B. Price, also a dentist, in the residential section of Corinth, Mississippi.

Doctor Cressler, sole occupant of the plane, was flying low in order to wave to friends and relatives who live within half a block of the crash scene. The plane struck the limbs of nearby trees and crashed on Doctor Price's lawn.

Near East College Ass'n News Letter: Frank Hamilton Henry, a graduate of Kansas City Dental College in 1905, a member of the Foreign Trade Committee and executive in charge of the Middle East Division of the Socony Vacuum Oil Company, is serving as chairman of the Special Gifts Committee of the Fund for Near East Colleges. He was appointed by Lowell Thomas, national chairman of the Fund, which has offices at 46 Cedar Street, New York 5.

Before entering the oil business in 1919, Doctor Henry had lived in the Near East for a number of years. When he was 8 years old, he accompanied his father, a medical missionary, to Egypt. After graduating from dental college in the United States, he returned to Cairo to practice and for a time was Dental Surgeon to the Royal Court of Egypt. For a year before he joined the staff of the Socony Vacuum Oil Company, Doctor Henry was on the faculty of the University of Pennsylvania Dental College.

Awards for items published in DENTISTS IN THE NEWS this month have been sent to:

F. G. ROBESON, D.D.S., 5309 West North Avenue, Chicago 39.
GEORGE D. ROUSE, D.D.S., The Argyle Hotel, Charleston, South Carolina.
WILLIAM R. WRIGHT, D.D.S., Jackson, Mississippi.
CAROLYN CLAWSON, 2046 Castleman Drive, Nashville, Tennessee.
ESTHER MANZ, 1448 East Seeley Street, Milwaukee 7, Wisconsin.
MARY T. SHAW, 16 Warren Street, Fitchburg, Massachusetts.
MRS. J. M. WICK, Box 1507, Rapid City, South Dakota.
MRS. A. E. INSELSBERGER, 177 Lane A. Anchorage, Clearfield, Utah.

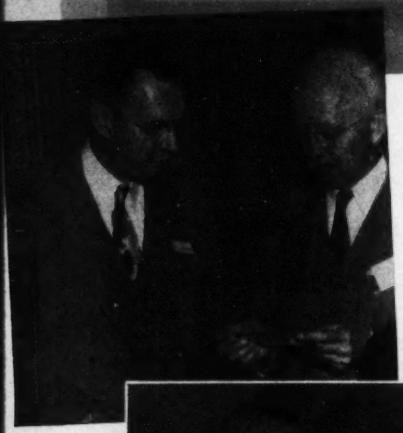
CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

Portraits and Profiles

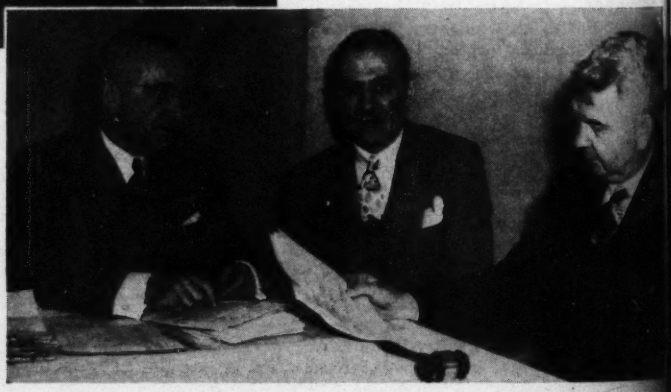
OF AMERICAN DENTISTS

By HOWARD A. HARTMAN, D.D.S.



Left: Joseph B. Zielinski, Past-President of the Chicago Dental Society, greets Frank P. Meyer, Past-President of the Florida State Dental Society, at the Chicago Midwinter Meeting.

Below: Officers of the American Academy of Periodontology (left to right): Clark Chamberlain, Peoria, Illinois; Raymond Johnson, Minneapolis, Minnesota; Samuel Parks, Dallas, Texas.



Right: Maynard K. Hine, Dean of the School of Dentistry, Indiana University.

Cedric F. Harring, of Brookline, Massachusetts, Editor of the *Bulletin of the Massachusetts Dental Society*, with Roy Y. Shaw, of Atlanta, Georgia.

Right: Carl O. Flagstad, Chairman of the Committee on Legislation of the American Dental Association.

Left: Lester R. Cahn (right), President of the American Academy of Oral Pathology, presents an honorary fellowship in the Academy to Henry Swanson, of Washington, D. C.

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

AN IDEAL FOR DENTAL PRACTICE

"FEW PEOPLE realize the dentist's mission." With these words Pope Pius XII opened an address before the Italian Dental Association. In the course of the talk His Holiness showed a marvelous understanding of the complex nature of the dentist's science and his art and the ramifications of his ministrations within the human personality. Coming from one of the most important figures in the world his words should inspire us with the depth of the understanding expressed. If we had the skill to project these same ideas among the people of the world the health of mankind would be improved. If we dentists ourselves realized the importance of our mission and were better able to explain our function, people would seek our services more readily and by so doing would improve their own total well-being.

In these times when we hear so much about public dental educational projects we can do no better than use as a model for our programs the words of Pius XII:

"Few people realize the dentist's mission. Dentistry requires an exact acquaintance of, and experience in, the sciences and arts. It demands tact, intuition, and psychological finesse in order to acquire the art of persuasion and that moral authority necessary to anticipate and to overcome those instinctive fears and hesitations on the part of the patient, more distracting than actual pain. You need such patience, great physical resistance—you have to sustain a perpetual effort of restraint of *all* your senses, your nerves are strained, your body, your mind, your will and your sensitiveness. Always standing, often in a constrained attitude, your eyes are strained, both hands are busy, they must be supple with the fingers contracted in the manipulation of several instruments at one time, every movement impeded by reflexes and reactions on the part of the patient, which are not always possible to perceive. And all this time you must remain imperturbable, calm, courteous, gentle, and full of charity.

"The least defect of any of the tissues of the body such as the mucous

membrane of the mouth may have repercussions on the rest of the health of the whole.

"The mouth expresses character and feeling which is not expressed by forehead and eyes only but also by the lower part of the face; a single fold of the lip, almost imperceptible, often may transform and make an infinite alteration in the expression of the face. Thus there is a mysterious and surprising mission attaching to the treatment of the mouth."[1]

Here we have an expression in clear words, an interpretation of dentistry that encompasses more than mechanics. We must be reminded, time after time, that our mechanical skills are projected upon human tissue and that this tissue is part of a life and personality. The human personality is vested within a person that we call a patient. This person is part stoic and part coward; part sinner and sometimes a small part saint. He has fears and anxieties, as well as rich ideals and bright hopes. He is a variable that must be understood if we are to practice dentistry with satisfaction to him and to ourselves. When we embrace the idea that we treat the localized expressions of a disease that has implications within the total personality we are then prepared to practice our profession in the broadest sense. When we add to this the idea that dentistry is also concerned with esthetic values and that we have within our gift the power to restore and reconstruct faces, we have opened to our view an ideal of dentistry that knows few limitations. To add to human happiness and comfort is our privilege.

Any enlarged comments on the words of the Pope seem presumptious. We may, however, be forgiven for making the observation that the dentist must combine the knowledge of science, the applications of the arts, the skills of a fine craftsman, and an understanding of the human personality. We may expect to fulfill our mission only when we blend these abilities and powers and are able to practice them and "remain imperturbable, calm, courteous, gentle, and full of charity." There can be no better model for the conduct of a dental practice!

Edward J. Ryan

[1]Il discorso del Papa ai partecipanti al XXII° Congresso nazionale di Stomatologia, Rivista Italiana di Stomatologia 1:381-384 (novembre-dicembre) 1946.

PREFERENCES FOR DENTAL VETERANS?

(*Continued from page* 1021)

Dental Association would best take care of their special interests.

The Dental Veterans Association meeting was raucous. Doctor Alan Teitel headed those who wanted this organization to work separately and solely for what they believed was due them. Doctor Aaron Horowitz headed those who wanted a separate organization that would battle for them within and by means of the American Dental Association.

130 *West 57th Street*
New York 19

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

Answers to Quiz XXXIII (*See page* 1009 *for questions*)

1. The relative strength of a disinfectant as compared with phenol acting on the same organism and for the same length of time. (Accepted Dental Remedies, 11th Edition, American Dental Association, 1945, page 174)
2. All affect the interdental space. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, Lea & Febiger, 7th Edition, 1942, page 97)
3. (b) carelessness on the part of the operator. (Hartnett, J. G.: Silver Amalgam: Its Properties and Manipulations, J. Den. Children 12:54-56 [3rd Quart.] 1945)
4. (c) premolars, (d) molars. Hill, T.J.: Oral Pathology, Lea & Febiger, 3rd Edition, 1945, page 67)
5. (b) mental protuberance, (c) external oblique ridge. (Mustermann, H. W.: Principles and Practice of X-Ray Technic and Interpretation, Dental Items of Interest, 1945, page 159)
6. These men devised types of frictional appliances or attachments for removable bridges. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, Lea & Febiger, 7th Edition, 1942, page 637)
7. (a) 44—20 deciduous teeth, 20 permanent teeth, and 4 follicles of first permanent molars. (Hill, T. J.: Oral Pathology, Lea & Febiger, 3rd Edition, 1945, page 29)
8. (a) a true deodorant. (Accepted Dental Remedies, 11th Edition, American Dental Association, 1945, page 134)
9. (c) 90 per cent. (Griess, Ferdinand: Causes, Classification and Correction of Mandibular Impactions, J.A.D.A. 32:1406 [November & December] 1945)
10. (a) more dense. (Hill, T. J.: Oral Pathology, Lea & Febiger, 3rd Edition, 1945, page 119)

Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Opening in Floor of Sinus

Q.—I have a patient who has asked me to make a full upper denture. Several years ago he had an upper left molar extracted and the floor of the sinus was opened by his dentist in an attempt to elevate the roots. He said that he has had two operations to have the opening closed but they were unsuccessful.

Will closing this opening with a denture base create an infected sinus? Will the patient dislodge the denture by blowing his nose?

I shall appreciate any advice you may give me.—J. H. S., New York.

A.—It will be all right for you to make a denture over the opening in the floor of the maxillary sinus without fear of its creating infection in the sinus or increasing infection that may be present. The fact that this opening in the floor of the sinus has persisted is indicative that the opening between the nose and sinus is not large enough for nose blowing to dislodge the denture.

In a case in which a traumatic opening in the floor of the sinus persists, an otorhinolaryngologist should be consulted and probably a large opening made between the nose and sinus to afford thorough lavage and drainage of the sinus through the nose. A plastic operation of the oral opening can then be made successfully.—George R. Warner.

Abutments

Q.—I have a patient, a young woman 22 years of age, in good health. She had orthodontic treatment several years ago which lasted five years. A result, as you can see on the roentgenograms, was marked root resorption of the upper anteriors with consequent devitalization. The right central is the one most affected, being loose, discolored, with the surrounding gingiva also discolored. Being meticulous as to her appearance, she would like to have it extracted. I suggested an immediate horseshoe partial as a temporary replacement until the gingiva heals sufficiently for a permanent replacement. The problem is in the selection of the abutments and type of bridge. I should appreciate your advice. —H. B., New York.

A.—Do the laterals test vital? If not, it might be best for you to extract all four incisors at this time and bridge from cuspid to cuspid.

Whether you are supplying just the central or all four incisors as a fixed bridge, our preference is for pin-anchored hard gold inlays for abutments.

In either case a temporary denture to be worn until the gingiva heals is a good idea.—V. Clyde Smedley.

Sinus Involvement

Q.—I find your section in Oral Hygiene interesting and wish to present a problem.

I have a patient, a woman 36, who is married and has three children. She has had her gallbladder removed. She suf-

fers from migraine headache, postnasal drip, and at present is being treated for esophagospasm. She has these attacks about twice a year during which time she becomes depressed.

During damp weather she has a sensation which starts at the right maxillary molar area, extends to the forehead, and then down into the right mandibular area. The left side has never been affected until recently when I placed a silicate restoration in a left maxillary molar. Now she experiences the same sensation on the left side although she had restorations in her left maxillary bicuspids. During these periods of discomfort which she has been having for five years, she complains also of the restorations becoming heavy and of having a desire to pull them out to relieve her. Roentgenograms reveal no apparent abnormality.

This patient comes from a large family in which all her brothers and sisters have high blood pressure and some form of cardiac disturbance, although her physician assures her that her blood pressure is normal and her heart is in good condition.

This woman has been my patient for one year.—I. S., District of Columbia.

A.—In cases of migraine we always try to eliminate all infection because of the unfavorable influence of infection on the general health. We have found, however, that the migraine is seldom, if ever, helped. Postnasal drip is another condition that is difficult to control. So, also, is esophagospasm. This is a rare condition and in all probability it is not caused by focal infection.

The sensation your patient has in damp weather, starting in the right maxillary molar area, could well be from an involvement of the right maxillary sinus. While the first molar is decayed, the root ends are normal. There are several small cavities shown in your roentgenograms which I believe you have seen, and I imagine you have noticed that the cavity in the right mandibular second molar is dangerously near the pulp. The radiolucent area in the bone with a small metal fragment in it, where the right mandibular first molar was probably removed early in life, may be an area of residual infection. I believe this area ought to be opened and probably curetted. Other than this area, the bone throughout the mouth is in good condition. I have made arrows pointing to cavities and restorations under which there may be decay.—GEORGE R. WARNER.

Loose Denture

Q.—I have a patient, a man in his early sixties, apparently in good health, for whom I made an acrylic denture several months ago. The denture fit snugly when inserted, but after two or three hours it became so loose that an adhesive powder was necessary to keep it in place. When the denture is kept out overnight it fits satisfactorily in the morning but loosens again in two or three hours. What is the cause of this change? Can it be from a lack of blood supply to the tissues? The gingivae are not flabby or inflamed.

The patient has copious viscid saliva, and recently it has taken on a bitter and unpleasant taste. The saliva, of course, accumulates between the palate and the denture. What is the cause of this condition and what can be done to relieve it?—F. B. W., Missouri.

A.—Dentures frequently fit tighter first thing in the morning than later because more blood accumulates in the head while we are lying down than it does with the body erect.

I judge from what you say, though, that this denture fits tight when first inserted any time of day but loosens after being worn a few hours. This could be caused by muscle tension from overextension

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470. Again we repeat—Muco-Seal Impression Material does not insure a perfect denture. Skill in taking the impression and finishing the denture is paramount. Muco-Seal is one of the steps.

471. Perfect occlusion is also a necessary requisite for maintaining retention. And the Denta Pearl Cyclo-Mold plastic teeth are an aid in maintaining occlusion due to natural occlusal wear.

472. Many dentists use too much liquid. This makes too thick an impression resulting in too much bulk, difficult handling and wasted material. Muco-Seal acts as a wash inside the tray. The resulting impression should be no thicker than the spacer under the loose fitting tray.

473. Directions for Muco-Seal impressions call for 5-7½ cc. of liquid—no more is necessary.

474. Many dentists try to get too much powder in the liquid and mix it too long before placing in the tray—hence too stiff a mix!

475. Many dentists do not follow directions. The directions were carefully written—please read and re-read until familiar with every step. Note—all the anatomical landmarks required.

476. During the warm weather, it is advisable to keep the liquid in the cooler or under cold tap water before using—this gives greater working time.

477. And don't forget to shake the bottle!

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of the peripheral border.

The viscosity of the saliva collecting above the denture could be a causative factor in its dropping also. This condition of the saliva can be corrected by a regulation of the diet. Have the patient avoid all carbohydrate foods until the saliva becomes normal. Then the amount of carbohydrate foods permissible can be determined by watching the viscosity of the saliva. —V. CLYDE SMEDLEY.

Leukoplakia

Q.—I am availing myself of the services of your ASK ORAL HYGIENE department to ascertain the answers to the following questions:

1. Is it advisable or is it contraindicated to construct full dentures for a patient with leukoplakia of the hard palate?

2. Assuming that the patient is a heavy smoker, would the presence of an upper denture tend to decrease irritation despite continued, heavy smoking; would it have no effect; or would it tend to increase irritation?

3. If the patient ceased smoking or drastically cut down on it, would the presence of a well-fitted denture have any effect upon the leukoplakia?

I shall appreciate whatever information you can give me.—A. C. L., Connecticut.

A.—You should not hesitate to make dentures for your patient who has leukoplakia, but it is important that the denture should be fitted in such a way that this abnormal tissue is not irritated either by being included in an air chamber relief or subjected to pressure.

This particular patch of leukoplakia should be less likely to progress or increase if covered by a denture without stress upon it. If the patient continues to smoke, however, other areas no doubt will develop. He should, therefore, stop smoking, since cancer is certainly the likely result if he does not.—V. CLYDE SMEDLEY.

Rapid Resorption

Q.—I have a patient about forty years old for whom I extracted eight maxillary teeth. About a month and a half later I constructed an upper denture for him. The original fit was satisfactory but within one week he was having difficulty in maintaining suction when talking or eating.

I persuaded him to get along until the maximum resorption had taken place. About one month after he complained of the denture loosening, I relined it. For three days after relining, he had perfect function and comfort.

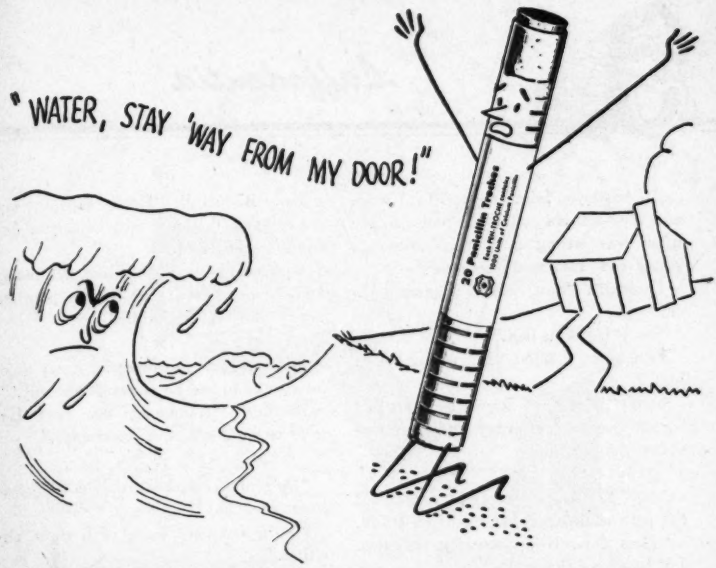
Then he complained about the denture again being loose and the entire palate was tender at this time. It remained this way for about five days and then for about a week it again tightened and functioned perfectly.

I suggested the loosening and subsequent tightening might result from changes in his blood pressure, but he has been to his physician and been assured his blood pressure is normal.

When the denture fits him, he has complete comfort and function; but when it is loose the entire palate is tender and inflamed. He has not had sufficient shrinkage to necessitate a second relining.

I should appreciate any suggestion you could give me.—F. H. K., Wisconsin.

A.—There is considerable difference in the rapidity of resorption in different mouths, but where looseness occurs as quickly as you describe I should be inclined to suspect a dislodging occlusal force or muscle tension from an overextended peripheral border. —V. CLYDE SMEDLEY.



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Pen-Troches are a specific in treating Vincent's, and useful in the treatment of any penicillin-sensitive infections that the saliva can reach.

Each troche contains 1000 units of penicillin, compounded in a hard, slowly soluble tablet. Placed between gum and cheek, a Pen-Troche should last up to two full hours.

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**Marsh, David Fielding*
Modern Medicine 14:8:83-91, Aug. 1946

Laffodontia

An employee failed to report for work and the foreman called his house to see what was wrong and the employee's young son answered the phone—

Foreman: "Son, where is your father?"

Son: "He is in bed."

Foreman: "What is wrong with him?"

Son: "Well, you know he hurt his leg on the job yesterday and COMPENSATION has set in."

★

"This is the last straw!" exclaimed the wife who found her husband drunk.

"Thas O.K. Never use 'em anyhow. Jes' hand me the bottle."

★

A shabbily dressed person was standing in front of a block of flats. From a window above an old lady noticed that several people stopped and gave him money. The scene touched her deeply. She wrote on a piece of paper, "Take Courage," put it in an envelope and added a two dollar bill, and tossed it to the man.

That evening the man came to her and whispered:

"Here are your 40 dollars, madam. 'Take Courage' won at 20 to 1."

★

I saw that blonde girl friend of yours today, but she didn't see me.

Yeah, she told me.

★

Burglar at home to young son: "I did not spank you for taking the jam, my boy, but for leaving your fingerprints."

Lady Bountiful: "Here's a penny, my poor man. Tell me, how did you become so destitute?"

Beggar: "I was always like you, mum, a-givin away vast sums ter the pore an needy at Christmas time."

★

Sister: "He's so romantic. Every time he speaks to me he starts, 'Fair lady.'"

Brother: "Romantic, my eye! He used to be a streetcar conductor."

★

"Do you know, I started in life as a barefooted boy?"

"Well, I wasn't born with shoes on either."

★

One Guy—"Did you mark that place where fishing was so good?"

Another Guy—"Yes, I put an X on the side of the boat."

First Guy—"That's silly. What if we should get another boat?"

★

A good husband is one who feels in his pockets every time he passes a mail box.

★

Johnnie was gazing at his one-day-old brother, who lay squealing and yelling in his cradle.

"Has he come from Heaven?" inquired Johnnie.

"Yes, dear."

"No wonder they put him out."

★

Marriage vows might be a trifle more accurate if the phrase were changed to read, "Until debt do us part."

"MY PET PATIENT," writes Dr. H.J.D., "is a dabbler in stocks. He spends most of the appointment giving me quotations, and steams up my mouth mirror with hot tips.

"But he's a good patient, even though his mind is constantly on the market. When I told him that only one dentifrice contains sodium ricinoleate to peptize adherent mucin and make it more readily removable with a brush, he said,

" 'Oh, yes, DETOXOL—
Say, that's a good buy.' "

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FAMILY TRAIT

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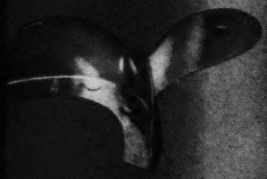

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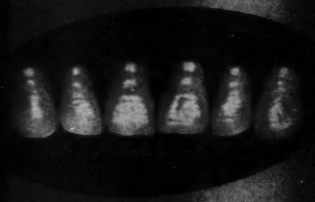

FIVE-PHASE
ANTERIORS

PERSONALIZED"
DENTURE

Modern

RESEARCH HAS SHOWN CONCLUSIVELY THAT THE "FAMILY" SIMILARITY OF TEETH PERSISTS THROUGH GENERATIONS AND IS GOVERNED BY THE LAWS OF HEREDITY

★ ★ ★ ★ ★ ★ ★ ★

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technic for "personalized" dentures...

By applying the Laws of Heredity to prosthetic Dentistry, a scientific method for selecting and arranging teeth avoids all possibility of "stereotyped" dentures.

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The Family Trait Recorder is the instrument to facilitate such a procedure—Five-Phase Anteriors have the "living" labial characters and porcelain required to reproduce the esthetic composition of the "personalized" denture.

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FIVE PHASE

ANTERIORS

EET Phila. 39, Pa.

How do your patients react when you apologize for the inconvenience of sending them elsewhere for x-ray examinations?

With more and more dentists installing their own x-ray units, so that radiographs may be obtained while the patient is in the chair, the absence of x-ray facilities is becoming increasingly noticeable. A modern x-ray unit in the dentist's office is conclusive evidence of his progressiveness.

With a General Electric *CDX* dental x-ray unit in your office you will gain a growing appreciation among your patients for this added service and convenience. Your obviously increased use of the x-ray will reveal the need of more dental service. Moreover, x-ray check-ups on completed work are reassuring. . . . Let us show you how you can conveniently afford a *CDX*.

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Films ... Film Dispenser and Receptacle ... Intensifying Screens ... Exposure Holders ... Processing Chemicals ... Processing Tanks ... Processing Hangers ... Timers ... Thermometer ... Mounts ... Illuminator ... Film

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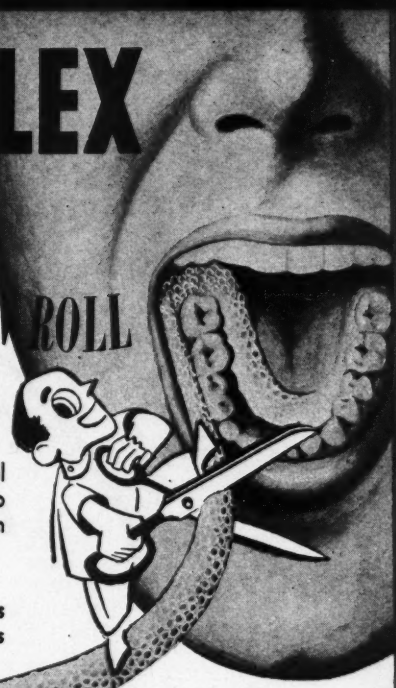

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VIBROFLEX is a cotton filled roll with a soft outer covering. No harsh outer skin, no starch or gum sizing to dissolve in saliva.

Every bag after packaging is steamed at 250° F. for 30 minutes

TRY using a single long piece of VIBROFLEX for lowers as pictured, and discover this better way to keep lower teeth dry.

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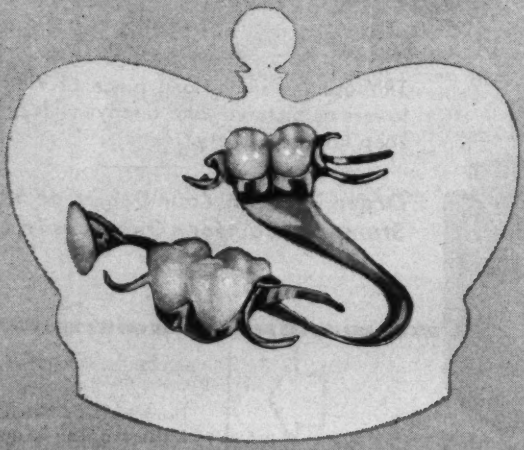

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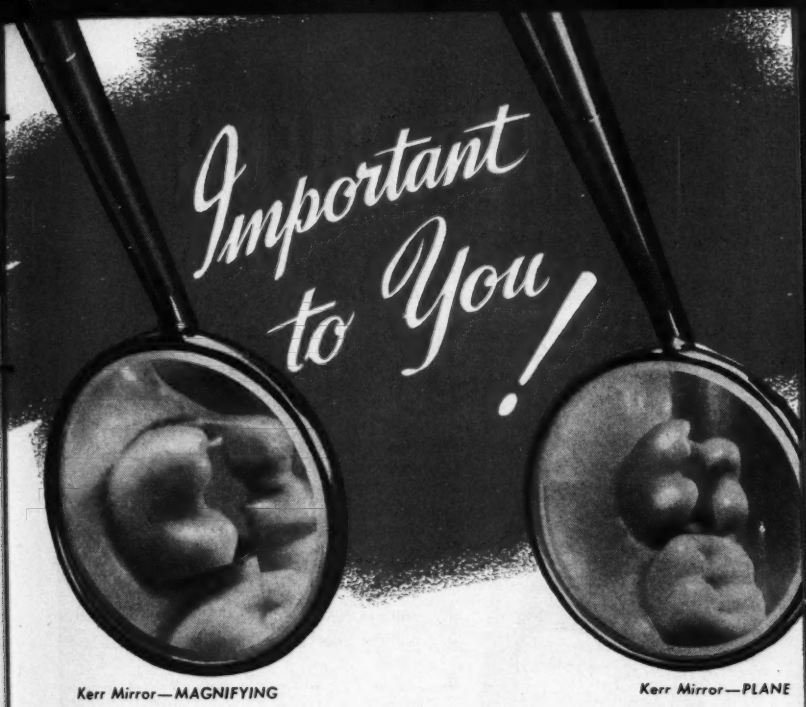

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Gum stimulation between the teeth is a necessary procedure and is accomplished by the use of STIM-U-DENTS. These instruments reach surfaces that cannot be kept clean by tooth brushing. Used after each meal they maintain a thoroughly clean interproximal space that has been difficult to maintain by other methods. Their use every day helps to prevent the formation of calculus and therefore serves as a prophylactic against pyorrhea. It has also been found that cervical borders of fillings and restorations are rendered bright and clean, thus naturally helping to prevent decay or caries at these points. Calculus already attached to surfaces in these spaces seem, under the daily use of these instruments, to gradually disappear.

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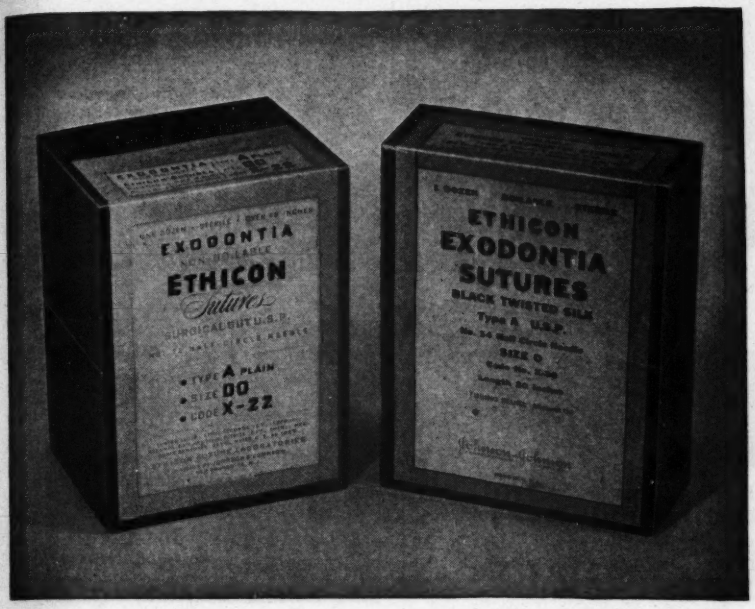

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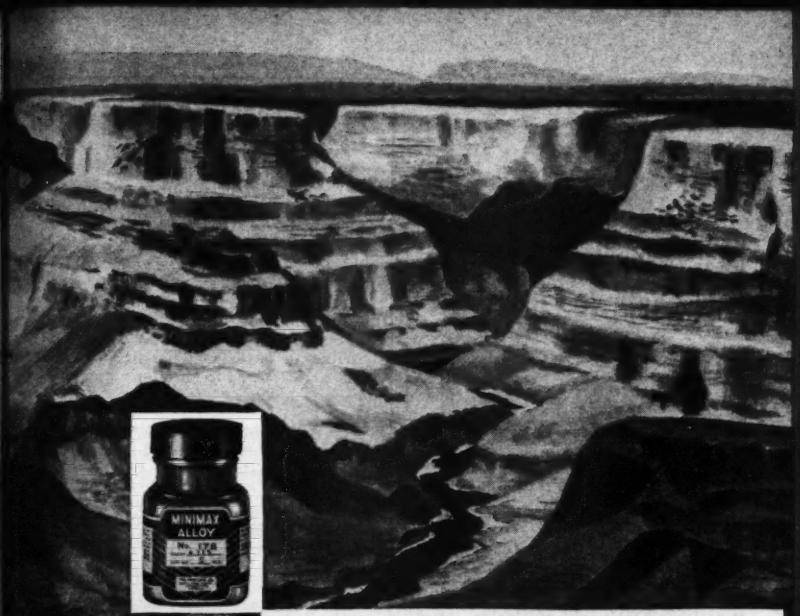

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REFERENCES: 1. Knighton, A. T.: J. A. D. A. 29 2012, 1942. 2. Turesky, S. S. & Bibby, B. G. J. Dent. Res. 23: 51, 1944.

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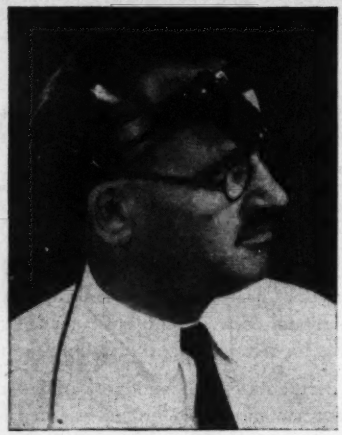

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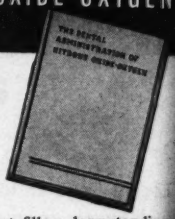

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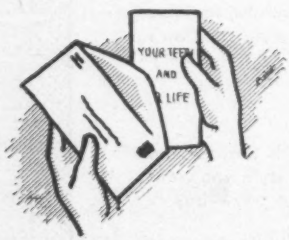

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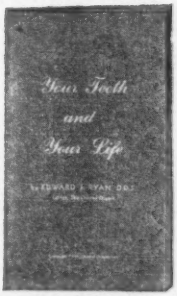

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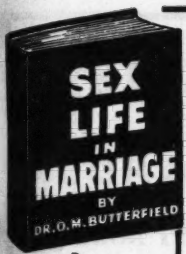

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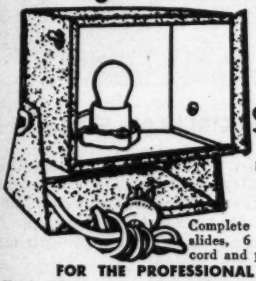

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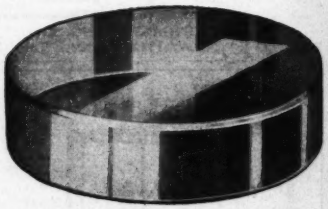


CIRCULAR SLAB

The No. 7 Glass Cement Slab is unusually safe and easy to handle. It is free from sharp corners and edges. Measures 4" in diam. and 1" in thickness. Polished on both surfaces and edges.

See your supplier today.

BUFFALO DENTAL

Manufacturing Co., Buffalo 3, N. Y.

NEARLY A CENTURY OF SERVICE TO THE DENTAL PROFESSION

If a healthy mouth she'd woo tell your patient to chew.... and chew!

Young patients ... and older ones, too ... often unconsciously neglect daily exercise of teeth and gums. Modern diet makes it so easy to forget the need for healthy chewing habits!

Here's where delicious, nutritious Nabisco Shredded Wheat comes in! Crunchy, yet tender ... it's a pleasant way to get *functional chewing*. More fun because there's more flavor!

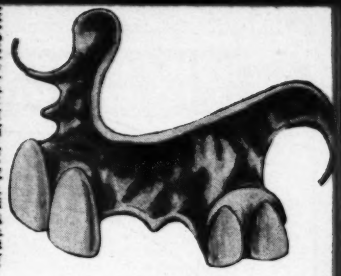
Help your patients to healthier habits ... happier breakfasts ... by suggesting Nabisco Shredded Wheat, the original Niagara Falls product!

Make Your Own

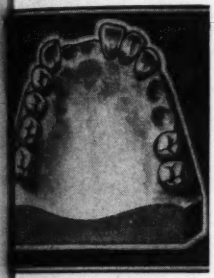
TEMPORARY IMMEDIATE

PARTIAL DENTURES

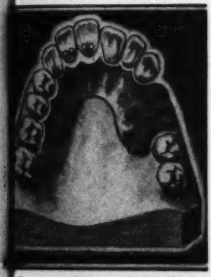
WHILE PATIENTS WAIT!



It's this easy . . .



Run plaster model in snap impression.



Prepare mixture of TRAY-MIX. Adapt to model like wax. Set teeth in position.

. . . the layer of TRAY- . . . model with

★ TRAY-MIX

Unequalled for making

INDIVIDUAL IMPRESSION TRAYS

and

TEMPORARY IMMEDIATE

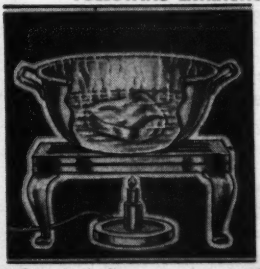
PARTIAL DENTURES

*Reg. U. S. Patent Off.

NO SPECIAL EQUIPMENT NEEDED

TRAY-MIX . . . Is an exclusive combination of methacrylic esters in powder and liquid form, possessing unusual adaptability for making INDIVIDUAL IMPRESSION TRAYS, SPACER-OVERSIZE TRAYS, as well as TEMPORARY IMMEDIATE PARTIAL DENTURES . . . It's a tempered plastic of unmatched strength . . . Acclaimed the outstanding product in modern dentistry . . . Enthusiastically endorsed by Dentists, Laboratories, and Universities throughout the country . . .

★ **WHEN USED FOR PARTIAL DENTURES, IT MAKES POSSIBLE FOR THE FIRST TIME, TEMPORARY RESTORATIONS IMMEDIATELY FOLLOWING EXTRACTIONS, WHILE PATIENTS WAIT.**



4. Cure in boiling water for 15 minutes. Cool. Break away plaster. Remove Partial.

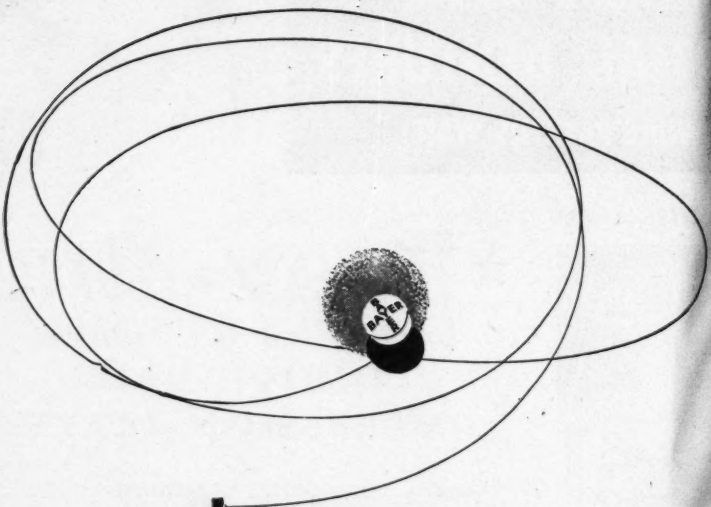
★ **WHEN USED FOR TRAYS, THE COMPLETED TRAYS CAN BE PREPARED TO CONFORM TO ANY MODERN IMPRESSION-TAKING TECHNIC, INCLUDING:**

- **Page Mucostatic Principle**
- **Justi Muco-Seal Technic**
- **Dr. McGrane Technic**

ONLY $4.00 FOR COMPLETE KIT

SUFFICIENT FOR 40 PARTIALS OR 20 TRAYS. Available In PINK for PARTIALS In WHITE for TRAYS.

CORALITE DENTAL PRODUCTS C(



*In a single year doctors have written from ten to twelve million prescriptions containing Aspirin**

The Bayer Laboratories at Rensselaer, New York, have specialized in the making of Aspirin for over 46 years.

To insure the quality, purity, uniformity and quick disintegration of Bayer Aspirin, seventy different tests and inspections are used.

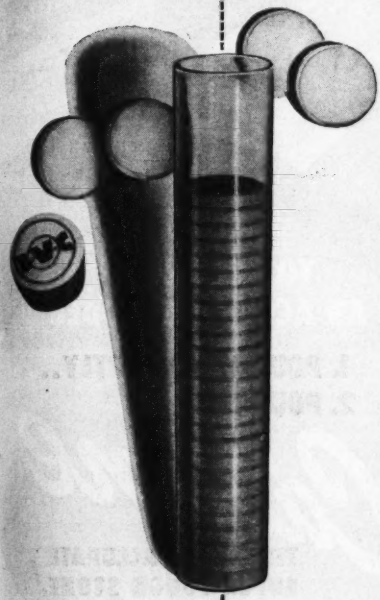
BAYER *Aspirin*

*Estimate of a leading authority on pharmacy after a survey of thousands of prescriptions.

Another new IVC product...

Reg. U. S. Pat. Off.

Dee FLUREA WAFERS



Each Dee FLUREA WAFER contains:
Calcium Fluoride, 2 mg.; Urea, 50 mg.; Ascorbic Acid, 30 mg.; Vitamin D (Viosterol), 1000 U.S.P. units; Ammonium Carbonate, 25 mg. Convenient in size. One wafer will supply daily requirements. It is recommended that the tablet be slowly dissolved in the mouth, thus bringing the surfaces of the teeth in contact with the fluorine-bearing saliva.

INTERNATIONAL VITAMIN CORPORATION
Division
American Home Products Corporation
22 E. 40th St., New York 16, N. Y.
Chicago Los Angeles
World's Largest Manufacturer of Vitamin Products Exclusively

Supply the caries-inhibiting value of fluorides, Urea, plus Vitamins C and D

Evidence points to the need for an easily administered preparation containing Ascorbic Acid, Vitamin D. Urea, and Fluorine to retard and prevent dental caries, especially in children.

Dee FLUREA WAFERS, a new I. V. C. product, answer this need. Pleasantly flavored, convenient in size, one wafer will supply daily requirements. Fluorides, when correctly administered as with Dee FLUREA WAFERS, are non-toxic and will not produce fluorosis.*

Now available at most Druggists, in tubes of 30's and bottles of 100's. Complete description given in "The Story of Dee FLUREA," available without charge upon request. Please use coupon below.

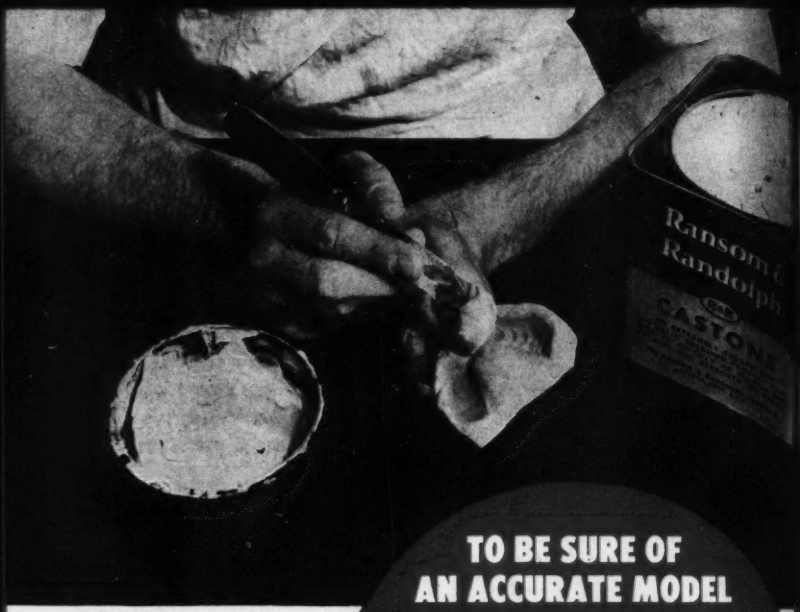
*CAUTION: *Where the fluorine content of the water supply exceeds 0.3 p.p.m., the daily use of Dee FLUREA WAFERS is definitely contraindicated.*

International Vitamin Corporation Division
American Home Products Corporation,
Dept. OH6
22 E. 40th Street, New York 16, N. Y.
Please send me without cost, a copy of "The Story of Dee FLUREA."

Name.....

Street & No.....

City, Zone & State.....

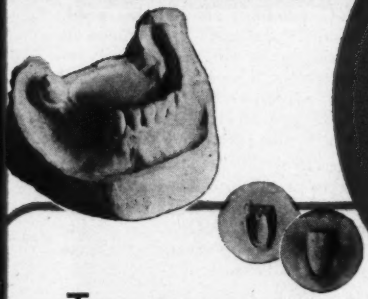


TO BE SURE OF AN ACCURATE MODEL

1. POUR IT PROMPTLY..
2. POUR IT OF

Castone

THE SUPER-ACCURATE SUPER-TOUGH STONE



Though some other artificial stones may approach Castone's great strength and hardness, few even approximate its extremely low setting and thermal expansion, and none is so *tough* and resistant to chipping. These qualities, plus its velvety smooth surface texture, make Castone an ideal material for fine die work as well as minimizing make-overs when used as the model for full dentures or large cast restorations.

THE RANSOM & RANDOLPH COMPANY
TOLEDO, OHIO

"Why didn't I know about this before?" SAYS THE PATIENT WHO'S WEARING A NEW Replicast DENTURE

YOU have always known that a metal-base denture was the ideal type—if it could only be made to *fit.*

But you may not have realized that the development of modern precision casting processes, *plus* a fundamental revision of previous metal base technique, have made perfection of adaptation the *outstanding advantage* of this type of denture.

As a result, a Dresch-built Replicast case not only embodies the inherent superiority of the metal base in strength, cleanliness and thermal conductivity, but assures a permanence of retention and a degree of physical and mental comfort unattainable with conventional plastic denture materials and processing methods. Physiologically—and psychologically—the patient is benefited.

If you have occasional problems of adaptation—whether of denture to patient, or patient to denture—we believe you will find the solution in the booklet mentioned below. Send for it now, and decide for yourself.

The Dresch Laboratories Company
1009 Jackson Street • Toledo 1, Ohio

Please send me your booklet "THE METAL BASE DENTURE"

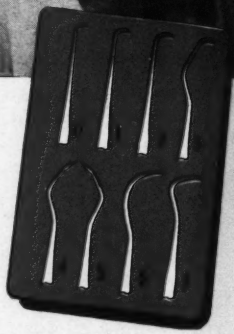
Dr. _____

Street Address _____

City and State _____

H6

Boy! — am I glad I switched to MORSE SCALERS

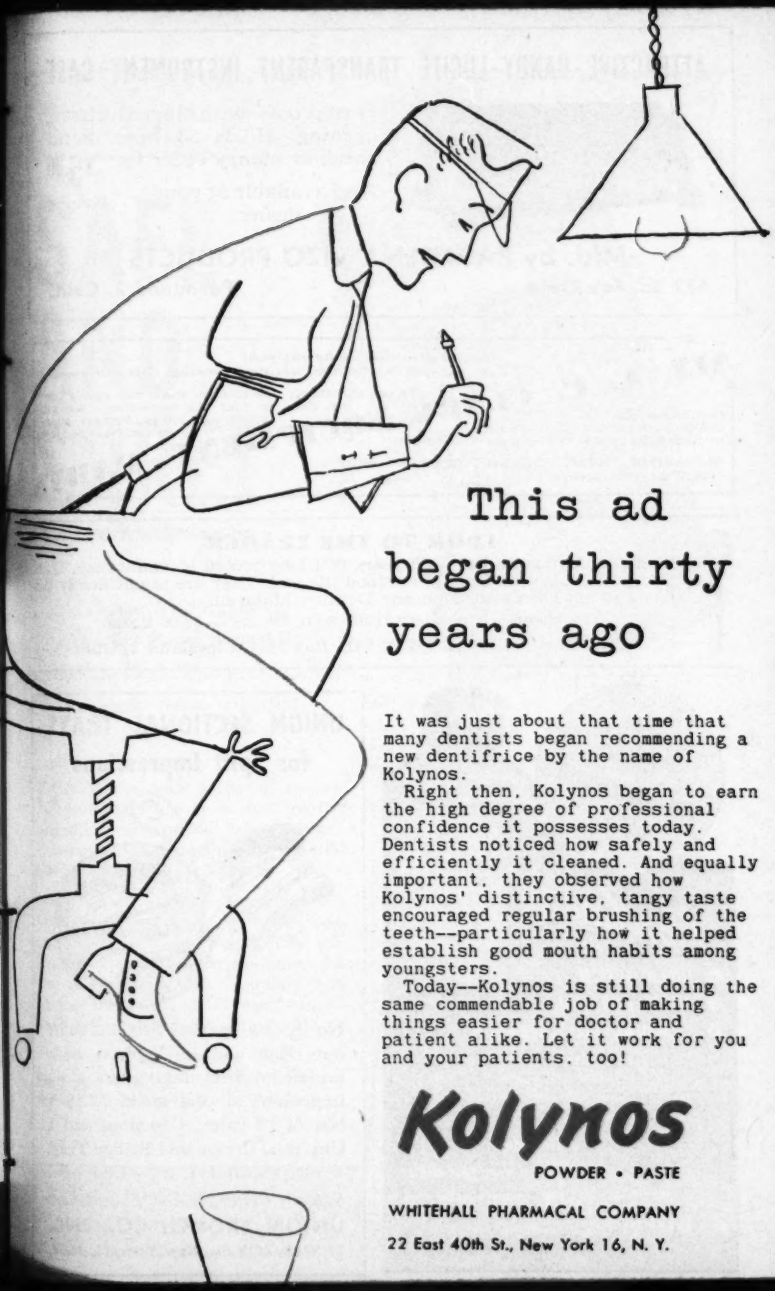


The 8 types of Morse Scalers meet virtually every requirement of scaling technic.

● When replacement becomes necessary, the Morse user doesn't have to worry about getting a complete new instrument. All he needs is a new scaler point, which slips into his Morse chuck type handle as quickly and easily as replacing a bur in a handpiece. In point of time saved, as well as enhanced satisfaction in performance, it is actually more economical than trying to resharpen a conventional instrument... The low-cost Morse Scaler Assortment No. 8 provides a convenient means of demonstrating the efficiency of the interchangeable-point principle. Order one today.

75th
75 YEARS OF SERVICE TO THE DENTAL PROFESSION

THE RANSOM & RANDOLPH COMPANY
TOLEDO, OHIO



This ad began thirty years ago

It was just about that time that many dentists began recommending a new dentifrice by the name of Kolynos.

Right then, Kolynos began to earn the high degree of professional confidence it possesses today. Dentists noticed how safely and efficiently it cleaned. And equally important, they observed how Kolynos' distinctive, tangy taste encouraged regular brushing of the teeth--particularly how it helped establish good mouth habits among youngsters.

Today--Kolynos is still doing the same commendable job of making things easier for doctor and patient alike. Let it work for you and your patients, too!

Kolynos

POWDER • PASTE

WHITEHALL PHARMACAL COMPANY

22 East 40th St., New York 16, N. Y.

SAFE AND SURE!

Perma-Grip Adhesive Denture Powder provides exceptional holding power without danger of tissue irritation.

DURING the early stages of accommodation to a new denture the use of Perma-Grip Adhesive Denture Powder can serve importantly to build the patient's self-confidence.

Perma-Grip provides this important help with perfect safety to delicate tissues. It is the new, *improved* adhesive denture powder made by the Pro-phy-lac-tic Brush Company, and backed by more than 60 years' experience in the field of dental hygiene.

Perma-Grip is made with high quality karaya gum, carefully processed into a bland, milky-white powder. This powder forms a smooth, comfortable cushion that resists "balling up" under the denture. The color and taste are pleasant. The pH is mildly alkaline.

To help your patients through the critical period of adjustment to a new denture, you can confidently recommend Perma-Grip. Samples mailed on request.

BACKED BY MORE THAN 60 YEARS' EXPERIENCE IN THE FIELD OF DENTAL HYGIENE

Pro-phy-lac-tic Brush Co.,
Florence, Mass.

300 and a Straight

For valuable, helpful information on dental plastics, SEE *the sound and color motion picture* "LUXENE 44 and the Pressure Cast Process".

In basing their claims for LUXENE 44 dentures on clinical evidence of superior performance in service, Luxene Selected Laboratories have established a long needed precedent. You need no longer accept surmise and opinion on the merits of dentures or *hope* that they will do the job.

When 300 Luxene Selected Laboratories tell you that LUXENE 44 "Pressure Cast" dentures give better original fit and require less adjustment, they are backed by the enthusiastic comment of dentists who prescribe them. When they tell you that LUXENE 44 dentures maintain their fit better, they cite the lower proportion of rebases or jumped cases. When they tell you that LUXENE 44 dentures have virtually ended denture breakage, they quote figures showing far less repairs on LUXENE 44 cases.

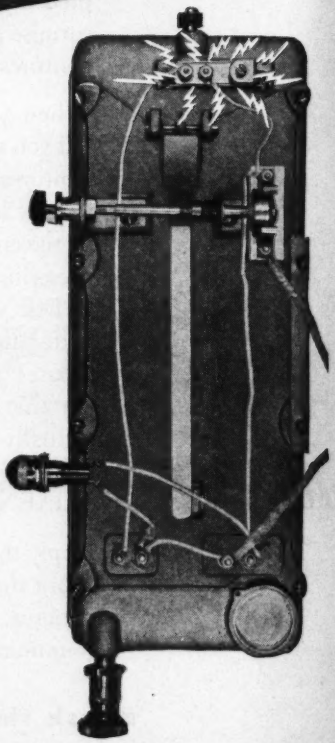
t story

Apply these facts to your own work and count the benefits in better satisfied patients, enhanced prestige, and a more remunerative practice.

➡ ask the dentist who prescribes

LUXENE 44 dentures

NOW . . . Faster Recovery of Sterilizing Temperature



PELTON *Presents*

a truly super-automatic sterilizer . . . a new war-time development

PELTON'S new thermostatic device means faster recovery of sterilizing temperature. When you replenish the water supply in the boiler, the thermostat *immediately* re-engages the high heating element. The result is quicker boiling.

You will appreciate Pelton's new speed and efficiency. It saves valuable time now being wasted by a sluggish recovery of sterilizing temperature.

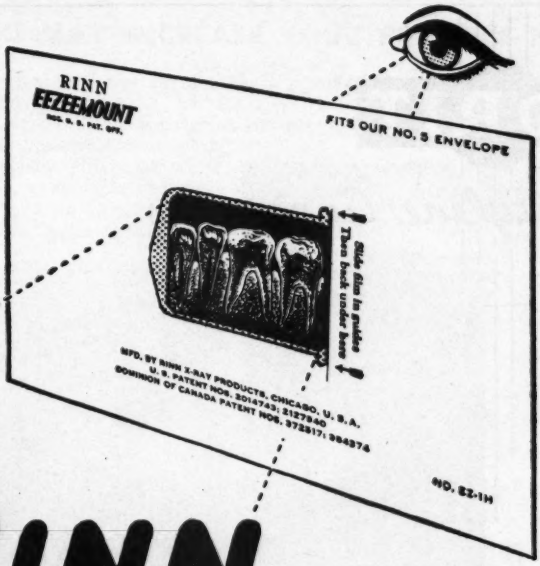
This new thermostat is standard equipment on all Pelton automatic instrument sterilizers.* Ask your dealer for a demonstration.

**For AC operation*

PELTON

PROFESSIONAL EQUIPMENT SINCE 1900

THE PELTON & CRANE CO., DETROIT 2, MICH.



RINN EEZEEMOUNTS

Users of RINN Eezeemounts find many advantages in this handy and economical method of film handling. Several important features prove Eezeemounts' superiority. Triple layer cardboard construction protects film better, lasts longer, handles more easily and is most practical for projector use. Here is another among many important RINN developments for effective radiography!

For

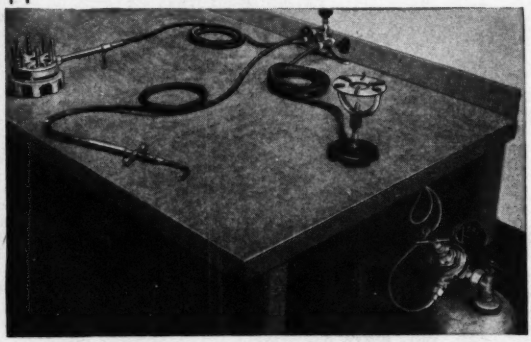
- **ECONOMY**
- **PROTECTION**
- **EASY HANDLING**
- **CONVENIENT FILING**

RINN X-RAY PRODUCTS, INC.
3035 Fullerton Avenue, Chicago 47, Ill.

X-Ray Films • Film Mounts • Solutions • Accessories

TORIT

Acetylene Apparatus



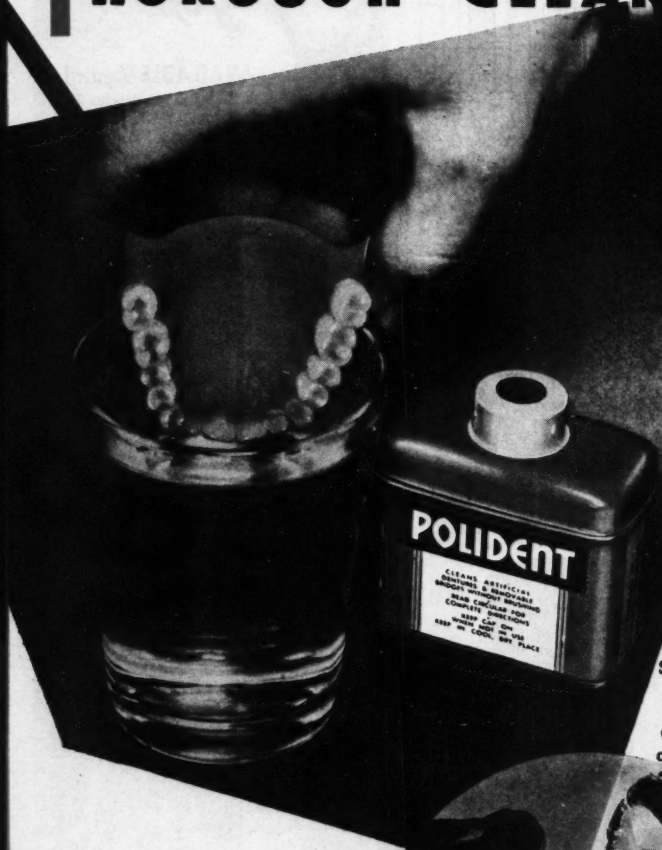
Get the best temperature ranges for all gold work with Torit Acetylene Apparatus

TORIT Acetylene Apparatus includes Blowpipes, Bunsen Burners, and Wax Eliminators, all designed to use acetylene gas without the addition of compressed air. More accurately controlled than either gasoline or gas apparatus, this acetylene equipment is ideal for blowpipe work, investment burn-out, and the numerous heating operations of gold dental work.

A TORIT Acetylene Installation includes, besides the units mentioned, a three-way bench valve, 8 feet of soft brass tubing, and a Regulator complete with fittings. For further information, prices and the latest Torit Dental Catalog write: TORIT MANUFACTURING COMPANY, 279 Walnut Street, St. Paul 2, Minnesota.

Torit Dental Products

THOROUGH CLEANS



1 SOAK
Soak 15 minutes in solution (or overnight) (1 glass water to capful Polident)

2 RINSE
Hold under running water to rinse. **THAT'S ALL**

SIMPLE AND SAFE TO USE...

Save your time—and save those beautiful life-like dentures—by explaining to patients the easy "Polident" way of "soaking" dentures clean.

Polident is *easier to use* . . . it gently, chemically, dissolves stains, mucin plaques and food debris, without heavy scrubbing—keeps dentures clean, sweet and comfortable.

Polident is *safer* . . . no danger of abrasion from harsh brush or powder—or of chipping, breaking or scratching through awkward scouring.

When patients use Polident regularly, they usually have fewer complaints about denture fit or damage, or gum irritation, or "denture breath". That's how Polident helps you to assure longer "denture satisfaction". You can recommend it with confidence!

HUDSON PRODUCTS, INC. • JERSEY CITY 6, N. J.

Approved for use by leading manufacturers of acrylic denture material.

KEEP DENTURES FIT WITH Polident

identical in basic principle

but intrinsically different in more than appearance

For into one of these instruments has entered the cumulative study and experience of qualified scientists, seeking a better means to a specific end.

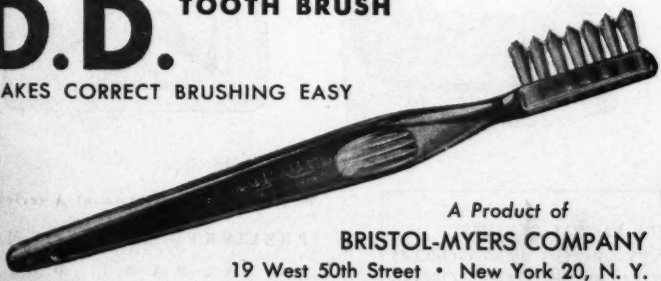
The **D.D.** *Tooth Brush*

with the ingenious twisted handle, has been scientifically designed specifically to encourage the desired up and down rotary motion for correct brushing and massage.

The next time a patient asks your advice, recommend the

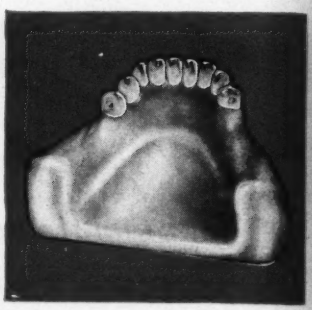
D.D. TOOTH BRUSH

MAKES CORRECT BRUSHING EASY



A Product of
BRISTOL-MYERS COMPANY
19 West 50th Street • New York 20, N. Y.

THE "BREAD-AND-BUTTER"

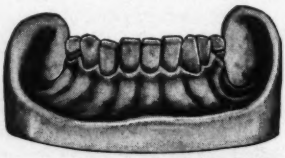


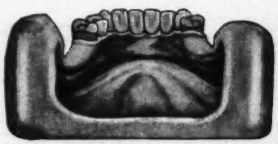
Of all the partial denture problems that walk into your office, this type is unquestionably the most familiar. It ordinarily looks as though it should be the easiest to solve, yet frequently turns out to be the most troublesome. It produces an enormous number of failures, the greatest percentage of which are unnecessary if the correct clasp design is understood.

In the vast majority of instances a common bucco-lingual grip clasp is chosen, despite the fact that the only usable undercut and retention area is on the distal of the abutment. This bucco-lingual clasp is attached to the case by a truss arm at the distal, and in order to get the case to seat, the distal undercut is either waxed out, or the inside of the truss arm and of the clasp is ground out after casting. In any event the natural distal retention is lost and the only retention factor remaining to hold the case in the mouth are the mesial tips of the clasps. No amount or kind of adjustment of these clasp tips will keep the free-end saddles down, — other than very temporarily.

Ney back-action clasps have proved to be an unqualified success in countless free-end saddle cases, both upper and lower. The reason is simple and logical.

FOUR VIEWS OF THE MODEL





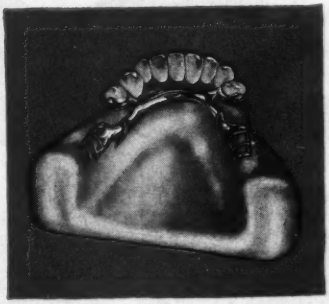
FOR PARTIAL DENTURES

NEY-ORO G-3	NEY-ORO #5
PALINEY #4	NEY-ORO #6

* Number twenty-two of a series

PUBLISHED BY THE J. M. NEY
AS A PART OF NEY

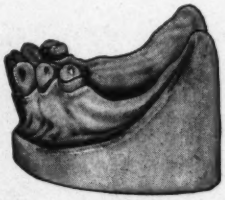
CASE*

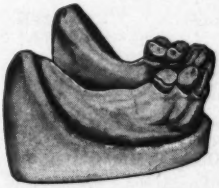


In design it is a *mesio-distal grip* clasp and gets its retention by using those very important and valuable undercuts in the distal of the abutment teeth on a free-end saddle case such as the one illustrated. Starting at the mesio-lingual where the clasp is attached to the truss arm, the rigid and bracing portion stays above the survey line and tapers back until it reaches the disto-lingual of the tooth. There it drops below the line for the retention which makes those free-end saddles really stay down.

The flexible strength of gold (and especially Ney partial denture golds) is well suited to the technic of making these "bread-and-butter" cases with back-action clasps and turning failures into practice-building successes.

SHOWING SURVEY LINES

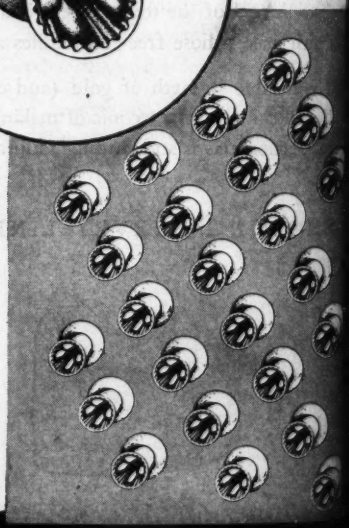




ONLY the

- Mandrel protects your handpiece.
- Note how the four heavy reinforcing ribs form unique geometric design, preventing collapse of cup.

U. S. Pat. No. 2017881.



INTRODUCTORY DISPENSER PACKAGES

Box of 20 Polishers.....$1.25 box
with 1 Angle-Type Mandrel

Box of 20 Polishers.....$1.25 box
with 1 Straight Handpiece Mandrel

Box of 24 Polishers.....$1.25 box
no mandrel

1 Gross Package of Polishers...$6.75 gr.
144's save 10%

Get an economical package from your Dental Dealer today! Ask for Denticator Prophylactic Polishers.
To try—send for free sample unit

THE DENTICATOR
Prophylactic Polisher

Denticator Ribbed Polishers give you "CONTROLLED" Lip Action

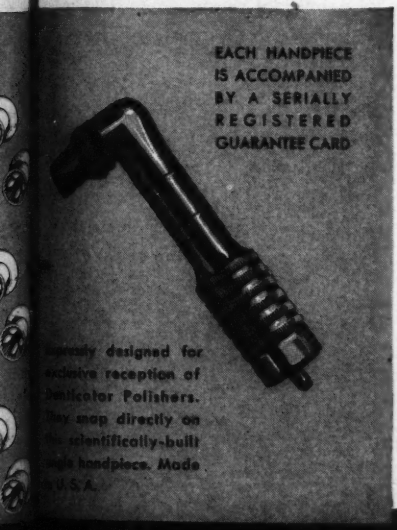
Unique all-rubber construction is made of genuine natural crude material for elastic friction-grip attachment and long-wearing qualities. When pressure is applied (*see cuts*) a definite CONTROLLED Lip Action is formed which cleans and polishes teeth effectively, under the free margin of gums, without injury. Exclusive feature found ONLY in this Polisher. Economical to use.

ANGLE HANDPIECE SCIENTIFICALLY DESIGNED

so that polisher snaps right on

While polisher and mandrel may be used effectively with any handpiece, the Denticator Prophylactic Handpiece assures ideal prophylaxis. Outstanding features are:

1. Chrome plated; made with top-grade materials.
2. Quiet running; full-sized steel synchro-mesh hardened gears, shafts and bearings; long wearing.
3. No wrenches; easily disassembled, sterilized, relubricated.
4. Small streamlined head reaches all remote areas without injury—fine for small mouths.
5. Saves regulation handpiece for precision work.
6. Reduces handpiece repair bills.



HANDPIECE—POLISHER COMBINATION OFFERS

Combination No. 1
1 Prophylactic Handpiece..... $8.50
2 doz. Prophylactic Polishers..... 1.25
Total regular value $9.75
ALL FOR ONLY $9.00

Combination No. 2
1 Prophylactic Handpiece..... $8.50
144 (1 gross) Prophylactic Polishers 7.50
Total regular value $16.00
ALL FOR ONLY $13.50 (SAVE $2.50)

Above offers subject to withdrawal without further notice.

• *24-hour handpiece repair service*

THE DENTICATOR CO., 1055 MISSION STREET
SAN FRANCISCO 1, CALIFORNIA

Manufacturers • Distributors • Exporters
PROPHYLACTIC DENTAL SPECIALTIES

THE DENTICATOR
Prophylactic Handpiece

argenite
concentrated pink
adjunct

ARGENITE: Argenite is a completely stable, saturated solution of Silver Nitrate in Fleck's Liquid. When combined with Fleck's Zinc Cement, the mix becomes a sedative, germicidal pulp-capping material with all the strength and impenetrability of Fleck's Cement. Its germicidal action depreciates red cell infection and carious recurrences.

CONCENTRATED PINK: The problem of providing a "living" quality to cementations used in ceramic work, transparent porcelain and acrylic, is beautifully handled by the addition of Fleck's concentrated pink blending cement powder to the reg-

FLECK'S

MIZZY, INC. · 304 EAST

FLECK'S

C E M E N T

for Fleck's mix. It was especially developed to add a live, lustrous appearance to exterior cementations and to avoid the dull "flat shadow" which ordinary cements present. (Fleck's Concentrated Grey is to be used to affect the grayish and bluish tints.)

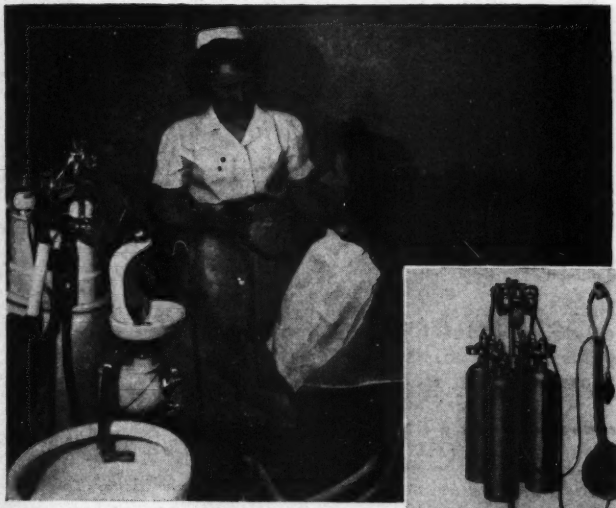
IMPENETRABILITY:

Fleck's Zinc and Red Copper Cements are absolutely impenetrable! Proof is easily demonstrated in the following test: Shape a mix of Fleck's Cement into a pellet and allow to set to consistency of thick putty. Immerse pellet in aniline dye solution for at least three weeks. Remove pellet and split as shown in illustration. Slightest penetration would show dye color below external surface. Fleck's Cements show clean, uncolored cross sections!

The full significance of this test is multiplied when you consider that even slight penetration would be sufficient to permeate the full depth of the average film thickness of cement.

CEMENT

NEW YORK 10, N. Y.



CALM . . . CONFIDENT . . . CO-OPERATIVE

The Three "C's" so important in patient relationships—*calmness* that means greatest patient comfort, *confidence* that is the basis of patient loyalty, and *co-operation* that results in saving time and in better dentistry—are the result of McKesson pain control. The Nargraf for both anesthesia and analgesia, and the Euthesor and Easor for analgesia, increase productive time and conserve the operator's energy.

Let us tell you what McKesson pain control is doing for other dentists and can do for you.

NARGRAF EUTHESOR

EASOR

it's here!

the DISPOSABLE saliva ejector

Yes, doctor, at last it's true! Johnson & Johnson ingenuity has made it possible for you to employ a disposable saliva ejector providing all the functional advantages of a permanent metal or glass product — *but at a truly disposable price.* Legend to the contrary, you can "have your cake and eat it, too!"

Study this new Johnson & Johnson product feature for feature . . . analyze its price . . . and then see for yourself if it isn't the ejector answer you have so long sought.

IT'S FUNCTIONALLY SOUND — Design precludes annoying clogging or painful sucking and traumatizing of tissue. Mouth of ejector is designed to prevent such occurrences, and two strategically placed relief holes give added insurance. Readily removes even most viscid mucus.

IT'S STRUCTURALLY STRONG — Made of light, non-breakable plastic. Shouldn't be autoclaved or cold sterilized, of course. It's a disposable item.

AND INEXPENSIVE, TOO — Giving each patient a new, sanitary ejector (and think of the psychological advantage inherent in that!) costs only slightly more than 3c per ejector. In addition, you save time, temper, muss and fuss.

Order a Supply Today. They're packaged in boxes of 100. Ask your dealer.

you have been waiting for!

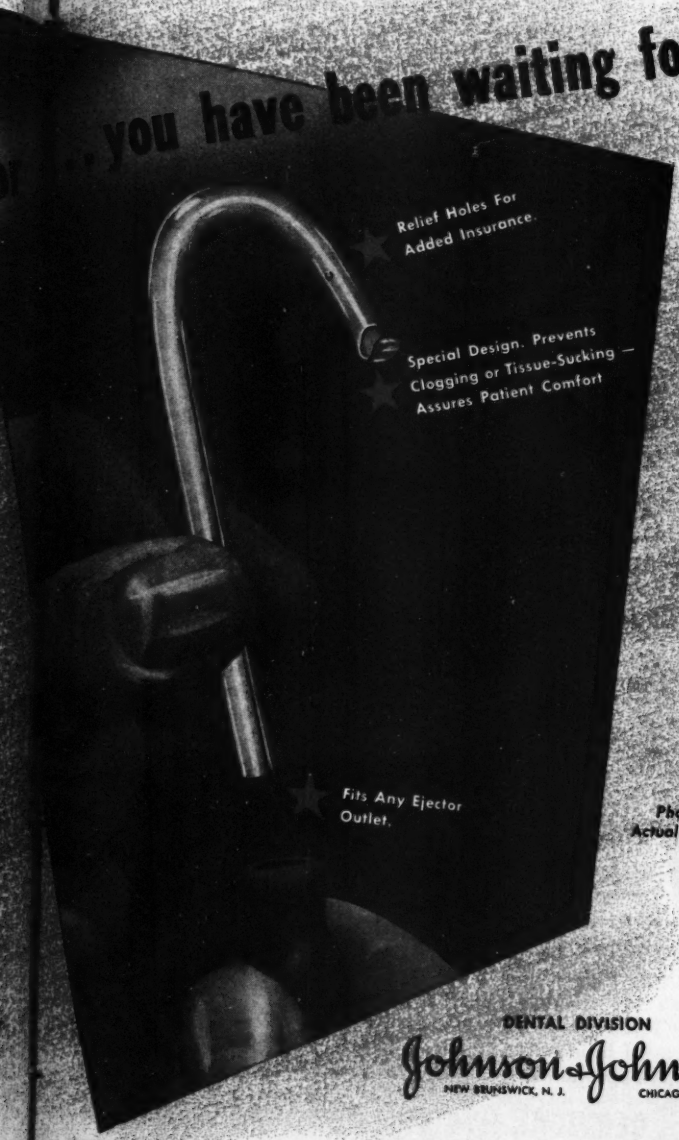


Photo
Actual Size.

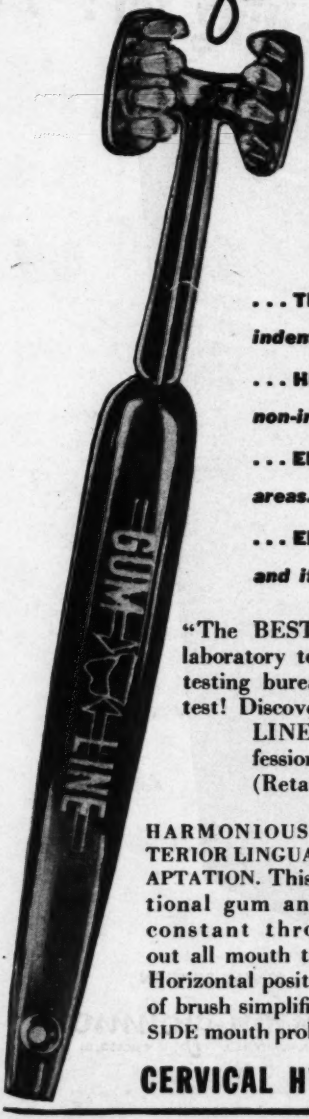
DENTAL DIVISION

Johnson & Johnson

NEW BRUNSWICK, N. J. CHICAGO, ILL

At last a *functional* Toothbrush!

Gum-Line FOR THOROUGH MOUTH HYGIENE



Two bristle heads placed at PROPER ANGLES to the upper and lower gum makes GUM-LINE function for:

. . . THOROUGH CLEANING *of teeth, including indented cervical zones.*

. . . HEALTHY STIMULATION *of gums, with non-irritating results.*

. . . EFFICIENT APPROACH *to lingual gingival areas.*

. . . EFFECTIVELY DISCOURAGING *gingivitis and its attendant complications.*

"The BEST toothbrush ever to pass through our laboratory tests" is the verdict of a rigid New York testing bureau! NOW YOU CAN make your own test! Discover the outstanding merits of the GUM-LINE Toothbrush! Send for your Professional Courtesy Brush at 25c each (Retails for 69c). Only two to each office.

HARMONIOUS POSTERIOR LINGUAL ADAPTATION. This functional gum angle is constant throughout all mouth tissues. Horizontal positioning of brush simplifies INSIDE mouth problems!

CERVICAL HYGIENE, INC. 130 WEST 42nd STREET NEW YORK 18, N. Y

Distinctively PROFESSIONAL

Pa-Kay uniforms

READY-TO-WEAR and TAILORED-TO-MEASURE MODELS SMARTLY STYLED IN THE LATEST FABRICS

STYLE 01SX

$5.50 ea. Simpson's Queen Anne Sanforized Poplin, 3 for $15.80

$4.25 ea. Indian Head Suiting, Sanforized Shrunk 3 for $12.10

Illustrated here is one of the many models in our Ready-to-wear line styled for appearance, comfort, and free action . . . made of either of two Nationally advertised materials. The model shown is furnished with Scovill rust and laundry-proof Gripper fasteners. For details of this complete line, write for Catalog OD-1.

STYLE 204

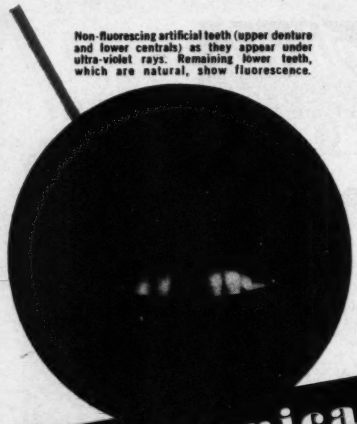
$6.95 ea.

Sizes 12- 42

Just one of many flattering Ready-to-wear models combining crisp professional appearance with comfort and free movement. Made of Simpson's Soulette 2-ply Combed Poplin for long service through many launderings. Note how our stylists have designed this dress for easy laundering without sacrifice of charm. When available, we will offer several styles made of Koda (Diagonal) Rayon. Send today for latest Style Book ON.

Doctor: We offer many more styles in our TAILORED-TO-MEASURE Line, giving you choice from a wide selection of Nationally advertised materials like Broadcloth, Gabardines, various weights of Poplins and Rayons. You also have unlimited choice of sleeve and garment lengths, collar sizes, and fastener equipment. For details and samples of this complete line write for Catalog O.D.-2.

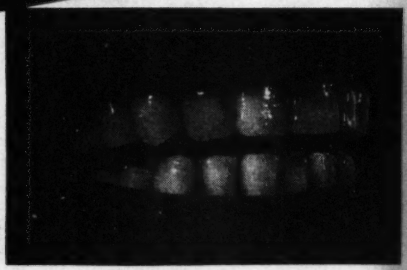
MANHATTAN UNIFORM COMPANY
FORMERLY MANHATTAN MFG. CO.
509 South Wabash Avenue • Chicago 5



Non-fluorescing artificial teeth (upper denture and lower centrals) as they appear under ultra-violet rays. Remaining lower teeth, which are natural, show fluorescence.

lost in the dark?

not **ceramicast** *teeth*



Fluorescent Ceramicast teeth as they look under light containing a predominance of ultra-violet rays.

Of specially formulated porcelain, Ceramicast teeth are designed to duplicate the appearance of living teeth under almost any lighting conditions. In dim lighting or semi-darkness, where the effects of fluorescence-producing invisible light rays are most noticeable, non-fluorescing artificial teeth become nearly indiscernible and may leave the wearer apparently toothless. Ceramicast teeth, however—like living teeth—fluoresce in those invisible rays always present in both artificial light and daylight. As a result, Ceramicast teeth are visible and natural-looking under even the faintest of lighting.

To insure you better distribution of Ceramicast teeth, we are currently accepting additional dealerships throughout the United States and foreign countries. Write for the name of your nearest distributor.

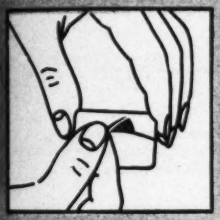
ceramicast teeth

CERAMICAST, INC. • A SUBSIDIARY OF DURALLIUM PRODUCTS CORP.

225 NORTH WABASH AVENUE • CHICAGO 1, ILLINOIS

How "Pull-A-Tab" Simplifies Darkroom Work

It's easy to open Du Pont "Pull-A-Tab" packets. Just "Pull-A-Tab"... and there's your film:



1. Lift green tab on front of the packet. This opens flap.

2. Pull tab until paper folder protecting film is almost free of envelope.

3. Grasp edges of folder with thumb and fore-finger. Pull tab until film and folder are free of envelope. Film now ready for processing.

Normal or high-speed; gross or two dozen packages are available through approved dental supply houses. Folder on request. E. I. du Pont de Nemours & Co. (Inc.), Photo Products Department, Wilmington 98, Delaware.

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...THROUGH CHEMISTRY

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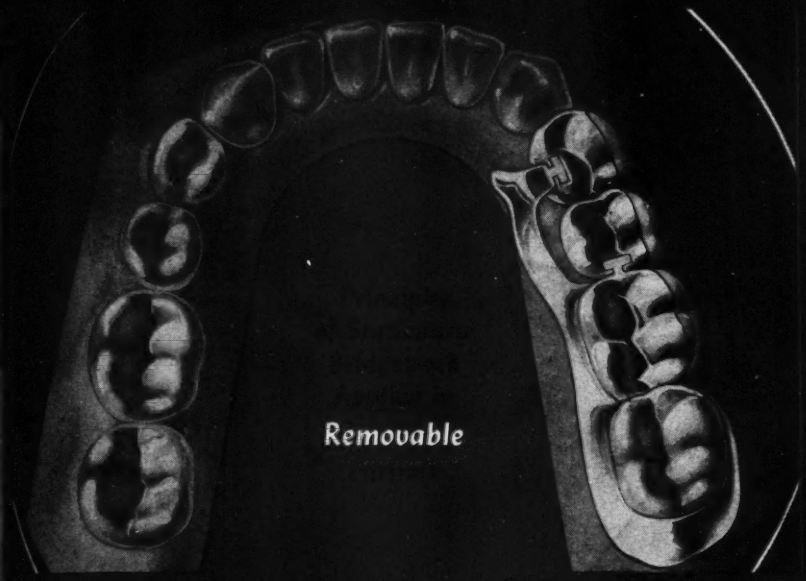
DU PONT DENTAL X-RAY FILM



Solution
Difficult Restorative Problem

A combination of a Stern No. 7 attachment in the first bicuspid and the Stern No. 7 Distal Extension Stress-breaker attachment in the second bicuspid.

Why not carry the time-tested and proven efficiency of fixed bridgework into your removable restorations?

Write for clinic notes covering chair and laboratory procedure, and illustrations of typical restorations.

STERN GOLDS

STERN *Precision* ATTACHMENTS
FOR PARTIAL DENTURES
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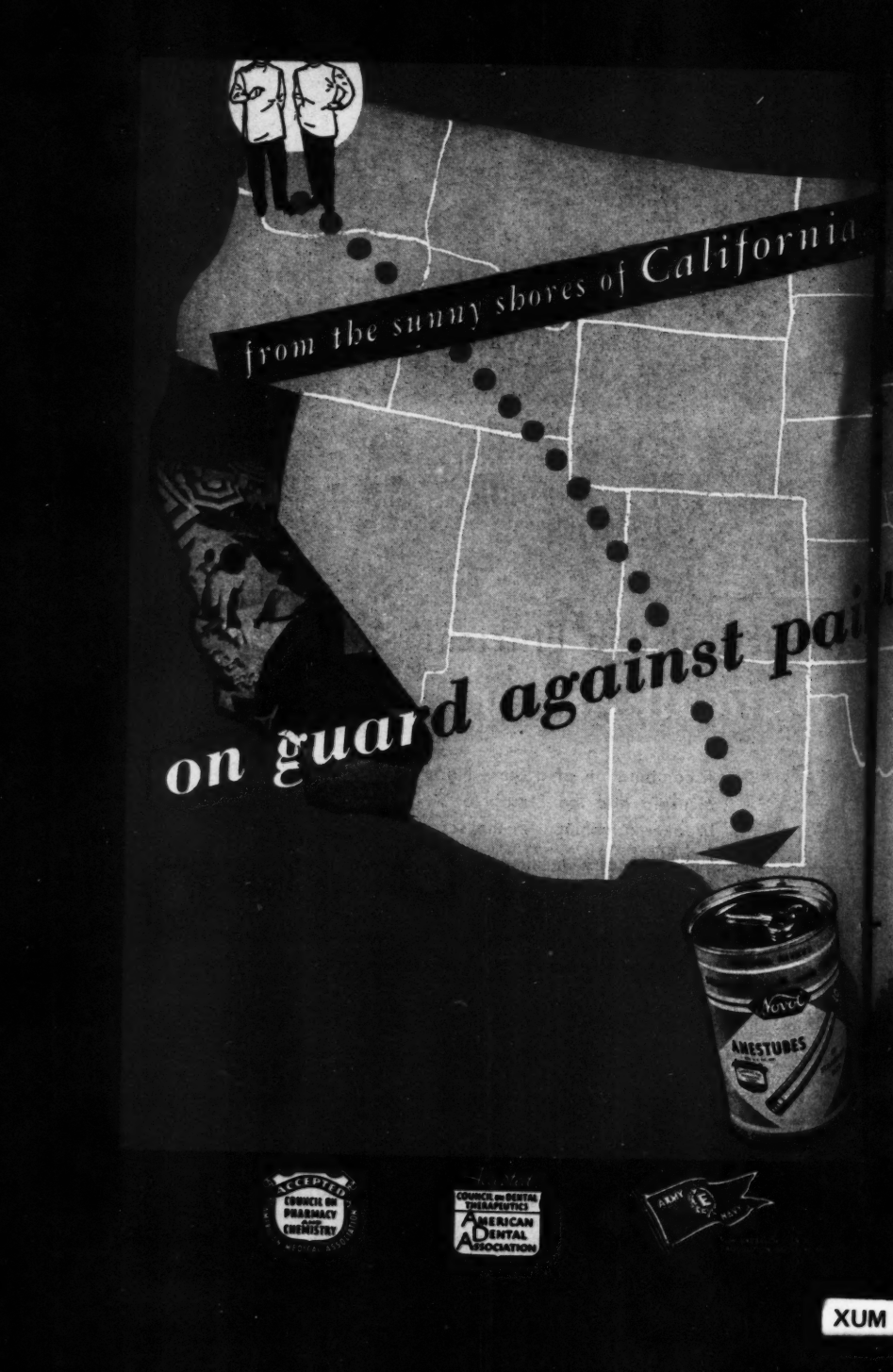
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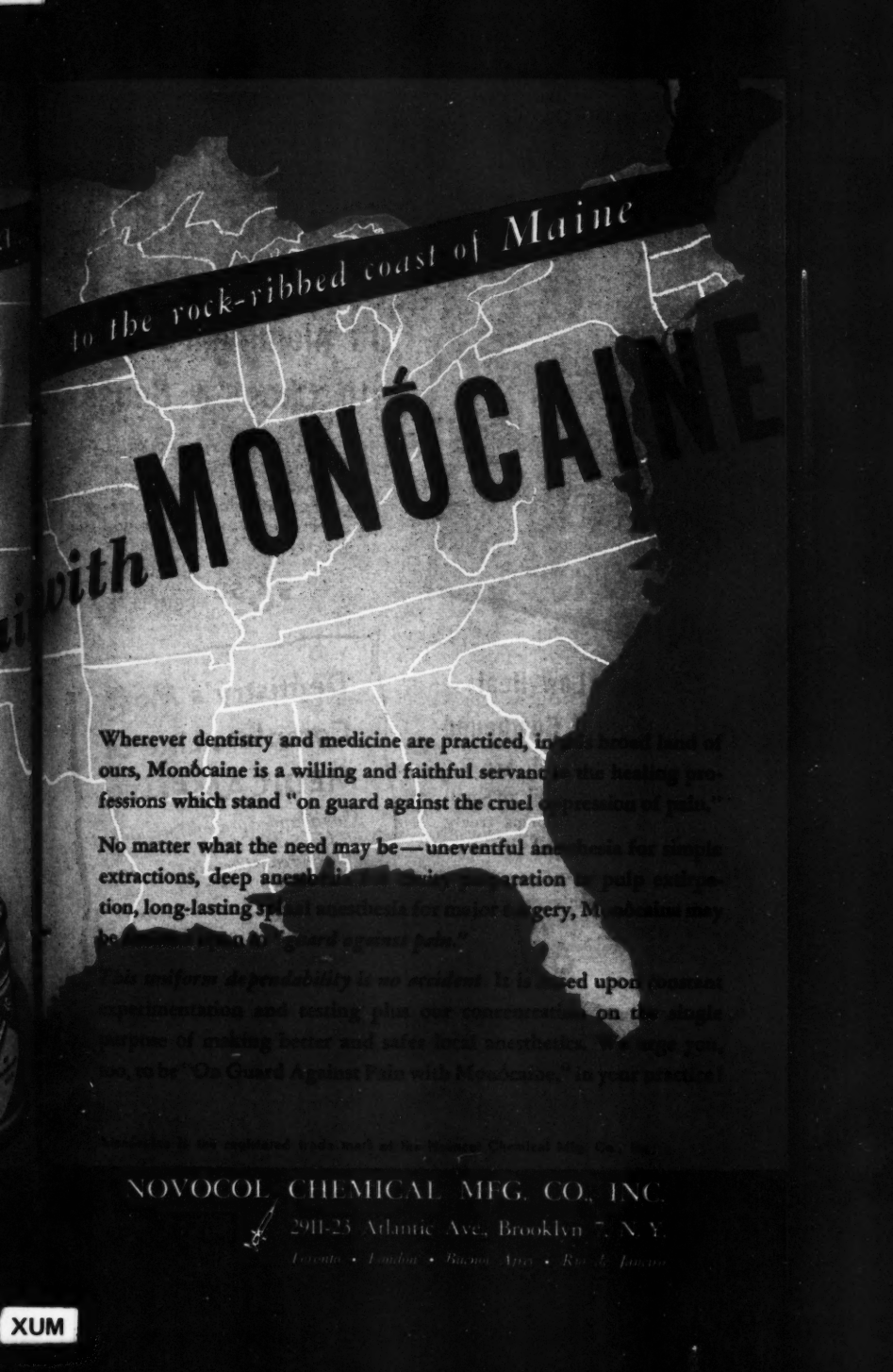
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fessions which stand "on guard against the cruel
No matter what the need may be—uneventful an
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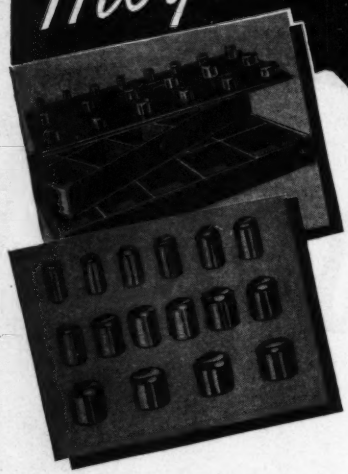

100 Aluminum Shells with Chest & Gauge

Shells for temporary crowns—1 to 20 sizes, in 32 B & S gauge, half-inch long. Handy Bakelite chest with 20 compartments, for storage by size. The numbered gauge fits compactly into the case.

$6.50 COMPLETE

"Moyco" Low-Heat Orthodontic Compound

Softens in water of 115 degrees F. Adapts itself to small crevices and conforms freely to movable muscles. Hardens quickly without warping. Easy to withdraw without breaking.

60c ½ lb. Box

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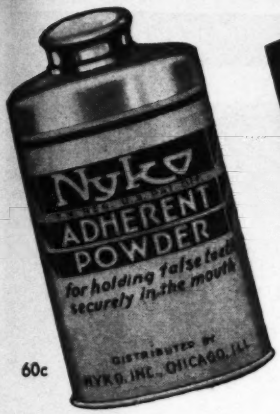

60c

DENTAL PLATES can be Friendly, Firm and Comfortable with NYKO Adherent Powder

BASIC TRAINING in denture use is a critical period . . . especially where immediate dentures are involved.

YOUR HIGHEST SKILL may be offset almost overnight by changing tissues; by tender spots and irritations that wreck patient cooperation . . . with resultant dissatisfaction and loss of valuable chair time on frequent and somtimes futile adjustments.

AND THE

DISPENSER

Beautiful. All metal. Handy for pocket or purse. Only 2¼" x ½" yet holds generous supply for in-between or overnight use. 25c.

60c

MANY DOCTORS successfully bridge this hiatus by recommending Nyko Adherent Powder for its purity, quality, and superior adhesiveness . . . for its friendly cushion of comfort, and for the confidence it imparts by gently retaining the denture.

PURE . . . AND 100% ADHESIVE. Nyko Adherent Powder is completely free from bleaching, medicating, or other adulterous agent. Being made entirely from pure Karaya Gum, slightly flavored with oil of peppermint, it is 100% adhesive for greater holding power.

75c

DOCTOR: Your request will bring you our generous size Professional Package of Nyko Preparations. Also ask for supply of "Your **THIRD** Teeth" Brochures for patient distribution.

50c 85c

NYKO INC.
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CHICAGO 10, U. S. A.

FOUNDED ON Quality Ethics Good Will

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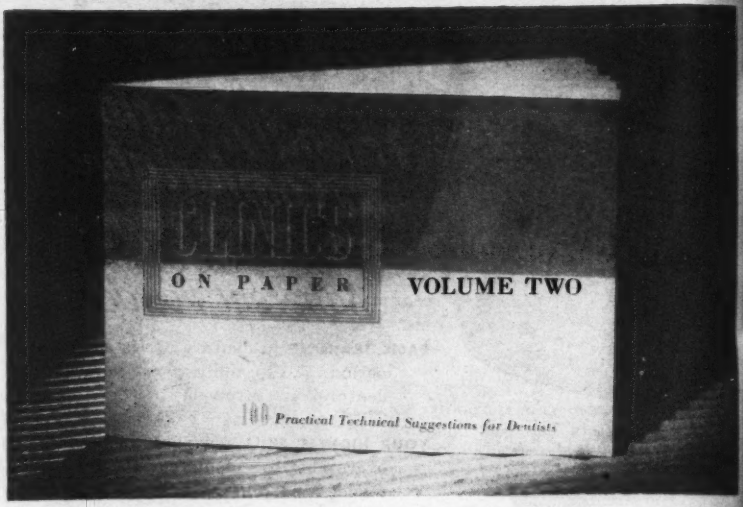

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A TYPICAL LETTER . . .

[redacted] . . .

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Resp. yours,
[redacted]

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The only Acrylic Liner in Sheet Form, Fink Liner contains *no solvent* • Will not warp plate • Non-Toxic • Non-Burning • Tasteless • Odorless • Becomes integral part of denture • Permanent Shelf Life • Easy as 1-2-3 • Requires no cellophane • No mixing • No processing. Delicate transparent pink blends with any color denture. Satisfaction Guaranteed.

Enough Fink Liner to line over 30 dentures this new, handier, more economical way, only **$8.00**

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DENTAL TECHNICIAN available only for ethical dentist's laboratory, hospital, or institution. Skilled in metal-ceramics and plastics. Artistically inclined and experienced in plastic anatomical restorations. Western Pennsylvania or South preferred. "313" Oral Hygiene, Pittsburgh, Pa.

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... you, of course, are anxious to give her the best protection against deficiencies of calcium, phosphorus, vitamin D, iron and B complex factors during pregnancy and lactation. The average daily dose of Dicaldimin, Abbott's dietary supplement for pregnant and lactating women, supplies significant amounts of both calcium and phosphorus. It does so, furthermore, in the ratio which has been clinically proved most efficient. And so that these minerals may be properly utilized for bone and tooth formation, Dicaldimin supplies a sufficient amount of vitamin D in the form of viosterol to meet the *entire* requirement for this factor during pregnancy and lactation. Dicaldimin also aids in protecting the mother against deficiencies of iron and of vitamin B complex factors. Each capsule of Dicaldimin supplies one and one-fourth times the daily requirement of vitamin D, two-thirds the requirement of iron, three times that of thiamine, one and one-half that of riboflavin, and supplements the patient's intake of calcium, phosphorus, and nicotinamide. The average daily dose is 1 to 2 capsules three times daily with meals. Dicaldimin is conveniently available through prescription pharmacies everywhere in bottles of 100 and 1000 capsules.

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Posteriors have the narrow
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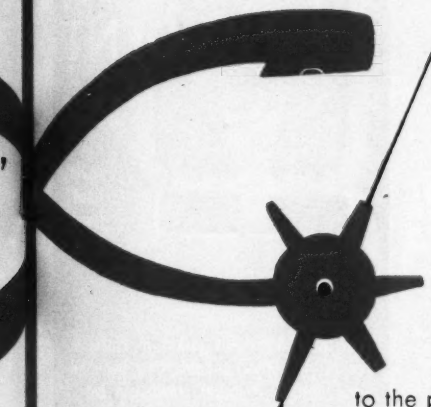

The sharp, narrow occlusal contacts of Trubyte New Hue 20° Posteriors reduces the force required to crush and shear food. This reduction of force minimizes pressure on the underlying ridge and adds to the patient's comfort with dentures. Trubyte New Hue 20° Posteriors have other advantages too: relatively low cusps that stabilize dentures and avoid interference in lateral movements. Trubyte New Hue 20° Posteriors have an ample food table and adequate escape-ways.

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20° POSTERIORS

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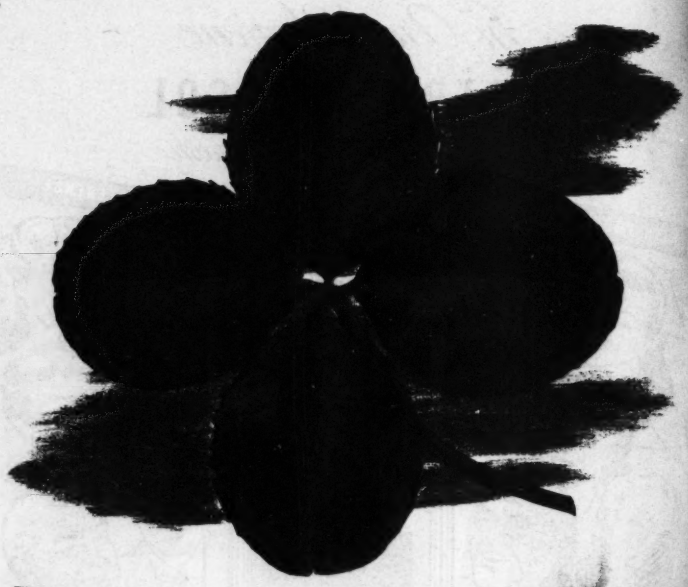

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DRUGS

Rexall for Reliability

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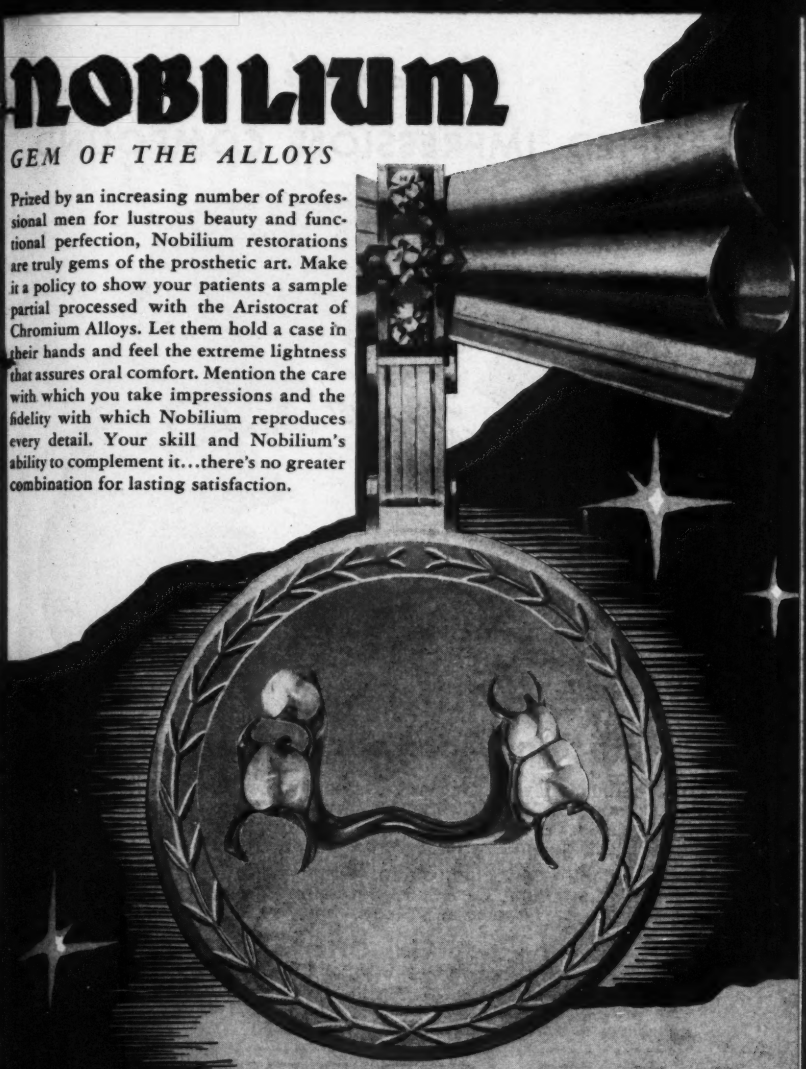
NOBILIUM

GEM OF THE ALLOYS

Prized by an increasing number of professional men for lustrous beauty and functional perfection, Nobilium restorations are truly gems of the prosthetic art. Make it a policy to show your patients a sample partial processed with the Aristocrat of Chromium Alloys. Let them hold a case in their hands and feel the extreme lightness that assures oral comfort. Mention the care with which you take impressions and the fidelity with which Nobilium reproduces every detail. Your skill and Nobilium's ability to complement it...there's no greater combination for lasting satisfaction.



NOBILIUM PRODUCTS, INC.

185 N. Wabash Ave., Chicago 1, Ill. 1612 Market St., Philadelphia 3, Pa.

NOBILIUM RESTORATIONS, INC.
130 N. BEAUDRY AVE., LOS ANGELES 12, CAL.

NOBILIUM PROCESSING CO. of SAN FRANCISCO
202 HEMLOCK ST., SAN FRANCISCO 9, CAL.

DENVER DENTAL LABORATORY
SUITE 608 EMPIRE BLDG., DENVER, COLO.

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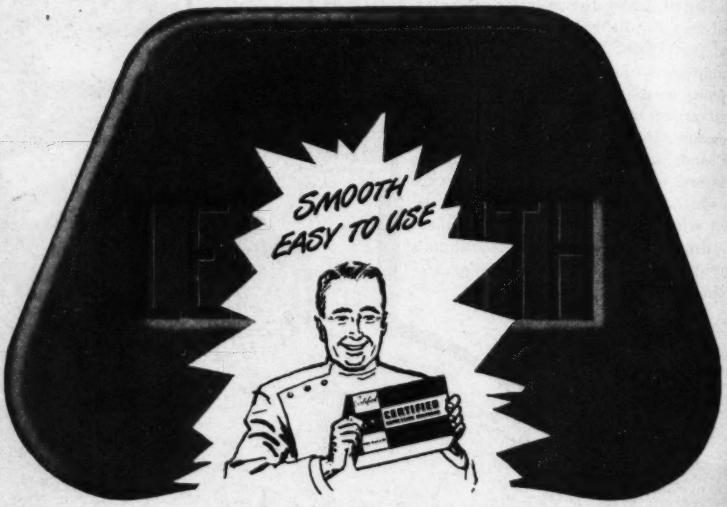
Lee Smith

CERTIFIED IMPRESSION COMPOUND



Efficiency at your finger-tips

For true efficiency at your finger-tips, try Lee Smith Certified Impression Compound. You will like the smooth texture of the compound. You will like even better the fact that it requires only minimum kneading to reach this smooth, wholly workable consistency.

Easy moldability, excellent flaming and trimming properties, rapid set—all combine to make Certified Impression Compound the fine product it is and the first choice of so many busy dentists.

Special Offer

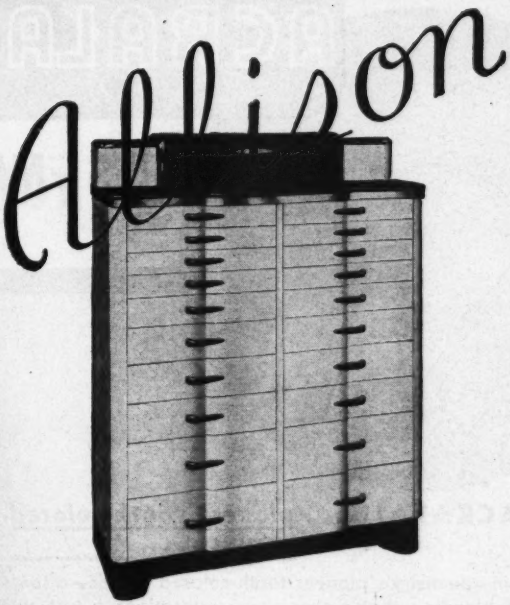
FOR A LIMITED TIME ONLY there is available a 14-for-12 Special Offer on Certified Impression Compound. Pay the regular price for 12 packages—receive a bonus gift of two extra packages at no extra cost. Order yours today!

LEE SMITH

LEE S. SMITH & SON MANUFACTURING COMPANY

Certified Dental Products Since 1866

PITTSBURGH 8, PENNA.



DENTAL CABINETS

EVER-GROWING POPULARITY

In two short years ALLISON Cabinets have attained a remarkable degree of success. More and more doctors know the name "ALLISON" means a top-quality Cabinet in every respect. Features, such as ALLISON'S smooth BALL BEARING drawer operation and stream-lined modern appearance, make these Cabinets distinctively different.

Three Styles—All Standard Dental Colors

SEE ALLISON BEFORE YOU BUY

ALLISON 1884

Send descriptive literature to:

Dr. .....

Street .....

City .....State.....

W. D. ALLISON COMPANY **Indianapolis 8, Ind.**

ACRALAIN

INSURES MAXIM

ACRALAIN... *pioneer tooth-colored acrylic...*

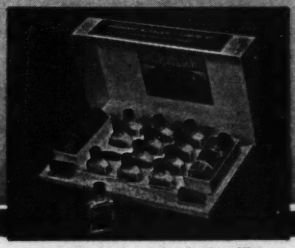
Acralain—dentistry's pioneer tooth-colored acrylic—affords the perfect blending that makes your restorations a true rival of nature. For your convenience, *Acralain* is available in premixed shades to duplicate the shading systems of New Hue, Verichrome and Myerson teeth. It is also available in 12 Acralain shades and 6 basic shades, which provide a full range to harmonize with natural teeth.

Acralain is made by one of America's largest manufacturers of dental acrylics. We suggest that you order one of the economy-priced units described below.

Acralain Cabinet Package

Includes 12 cabinet size units of powder (one of each shade), 3 bottles of *Acralain* liquid, 2 bottles of *Acracote* (coating medium), 2 mixing jars, 2 droppers, description of controlled pressure casting technique, description of alternative split flask technique. Packed in beautiful wooden cabinet.

Price—complete—$38.50

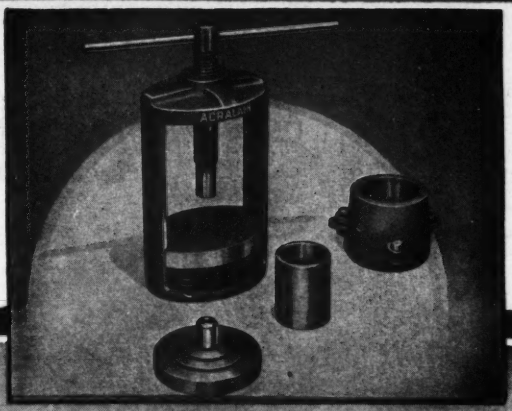


Premixed Acralain Junior Kit

Premixed *Acralain* to match New Hue, Verichrome or Myerson Color Guides. Available in 5 assortments: 1. New Hue (12 shades); 2. Myerson (12 shades); 3. Verichrome (12 body shades); 4. Verichrome (12 incisal shades); 5 Verichrome (6 body shades; 6 incisal shades). Each assortment includes liquid, *Acracote* and 2 droppers.

Price of any assortment—$15.50

CCURACY



Acralain Complete Casting Outfit— $21.50

WITH THE CONTROLLED PRESSURE CASTING TECHNIQUE

With *Acralain's* special casting equipment and technique, *Acralain* restorations are cast under continuous controlled pressure. This method assures restorations that are harder, denser, less porous and fit more accurately than when the ordinary split flask method is used!

Our research department will be glad to send reprints of articles and clinical reports on the use of *Acralain* for inlays, crowns, bridges and other restorations, as well as detailed information on the advantages of *Acralain's* exclusive controlled pressure casting technique. Send your request to the address below.

CRALITE • SUPERIOR PRODUCTS *for* MODERN DENTISTRY
ACRALITE CO., Inc., 230 W. 41 St., New York 18, N.Y.

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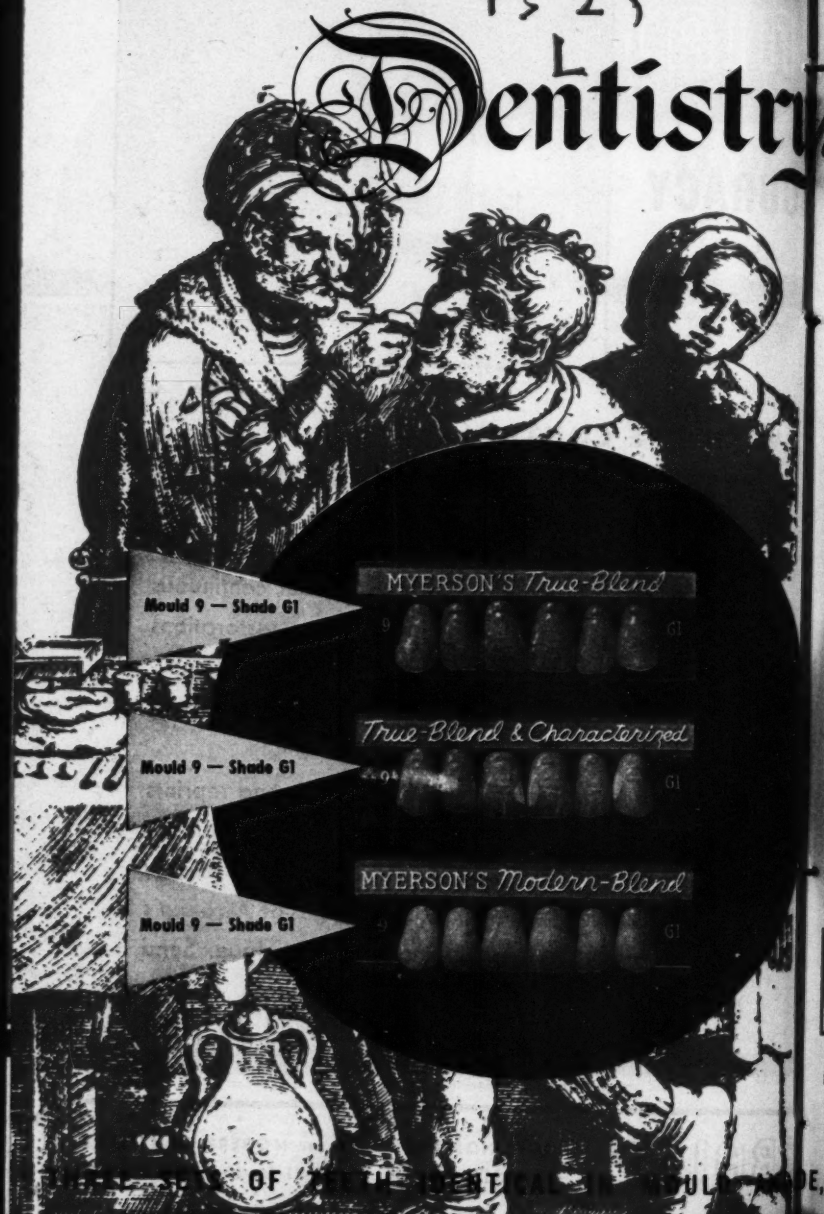
Dentistry



OF

...has come a long way...

Operative and restorative dentistry has made great progress since the days when this "dentist" worked in his home "assisted by his wife".

THE NEW MYERSON SYSTEM OF TOOTH SELECTION

Today, when partial or complete restorations finally become necessary, Myerson Teeth, so natural-looking that they cannot be detected, are available.

Now Dr. Myerson's new system of selection provides a tooth for every age group and also for individual variations. True-Blend, Characterized and Modern-Blend. . . . All three lines are now available in identical moulds and shades with the famous Myerson Transparent Enamel.

Remember, only with this simple, scientific system can you select a mould and shade for your patient and have that mould and shade in *any one of three lines*, individualized according to your patient's requirements.

SEND FOR 20 PAGE BOOKLET ON AGE GROUP SELECTION

You may have a beautifully lithographed reproduction of this historic print on heavy paper with wide margins suitable for framing.

IDEAL TOOTH INCORPORATED CAMBRIDGE 39, MASS.

PATIENT A — Forty Plus . . . Maturing effects — True-Blend preferred

PATIENT B — Rugged Appearance . . . Had fillings — Characterized indicated

PATIENT C — For this type — Obviously, Modern-Blend

...E, BUT DIFFERENT IN CHARACTER AND APPEARANCE

THE *Hallmark* OF RELIABILITY

Dental Products Co.'s SURGICAL DRESSING

Contains Chlorbutanol (chloroform derivative), 22 grs. per oz. Benzocaine, Oil Wintergreen (synthetic), Thymol Iodide, Guaiacol

THIS FAMOUS PRODUCT

In A NEW MODERN PACKAGE

Designed To Promote Better Home Cooperation

In Response To Many Requests by Dentists who have realized its value in building patient confidence in the chair, Surgical Dressing is now available in a package of five small tubes. This makes it convenient and inexpensive for the Dentist to present a tube for home use to alleviate post-operative pain . . . building patient goodwill and frequently saving valuable chair time.

This Surgical Dressing has long been recognized by the Profession as a scientific preparation for the relief of pain.

It has antiseptic and sedative properties for all operations involving pain or discomfort to the patient.

It is simple to use and perfectly safe for patients of all ages.

BOX OF 5 TUBES, $1.50

It blocks post-operative pain and infection following teeth extraction and hastens tissue repair.

A tube presented with each new denture will aid the patient over the "break-in" period.

Valuable as an aid for painless instrumentation in scaling teeth.

Also excellent as a pre-hypodermic injection treatment.

ORIGINAL LARGE TUBE, $1.00

This product is definitely guaranteed on a money-back Basis

THE *Hallmark* OF RELIABILITY

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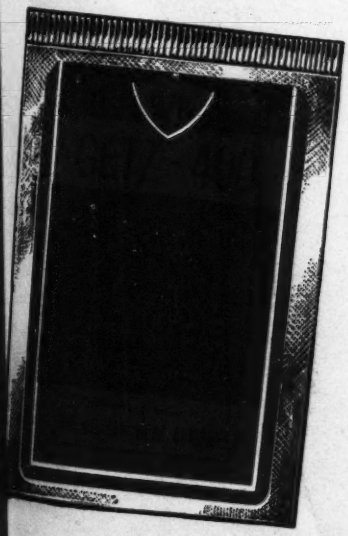
WG

ELASTIC

IMPRESSION POWDER



TEST IT WITHOUT COST OR RISK

Order from your dealer. Use it on several impressions with the privilege of returning unused portion for full credit refund.

FOR PARTIALS, FULL DENTURES, AND INDIRECT INLAYS

A New High In Accuracy

Unbiased tests in every-day practice rate this as the most accurate material on the market. It registers and holds the finest details.

No Fixing Solution

No capsules or retardents to dissolve. It is ready to mix as it comes from the package. Eliminates all guesswork.

Tougher Than Hydrocolloids

The finished impression has a tough dense body that eliminates chance of distortion during pouring of the model. Surfaces of model are hard as rock, smooth as glass.

It Hugs The Tissue

There is no sagging or slumping when taking high vault impressions. Palatal bar cases go right to place.

More Material

The regular package furnishes more material than any other on the market. Full-portion units are oversize to take care of large mouth impressions without waste.

Half-Portions Too

In addition to 10 over-size full units, each box contains 4 generous half-units . . . sufficient to take average small mouth impressions.

Moisture Proof Packages

Make the shelf life of this material indefinitely long. You save by buying it in the larger economical quantities.

PRICE ECONOMY TOO. 1 Box, $4.00 3 Boxes, $3.75 ea. 12 Boxes, $3.50 ea.

THE WILLIAM GETZ CORPORATION
7512 GREENWOOD AVE. CHICAGO 19, U.S.A.

the Difference that's Distinctive"

means so much!

Yes, doctor, a pulpectomy on a vital tooth will prove conclusively why the Profession so widely regards Novocain-Pontocaine-Cobefrin as the long-sought anesthetic answer for all difficult-to-anesthetize procedures.

The very character of "NPC'S" anesthesia—its added depth, its marked density, its prolonged duration—will tell more eloquently than mere words ever could why it is the logical choice for those countless cases where hypersensitivity is a factor.

Furthermore, the distinctive, truly outstanding difference you at once notice when operating under "NPC" anesthesia is accomplished without an increase in vasoconstrictor content or a perceptible decrease in patient toleration—both highly important considerations.

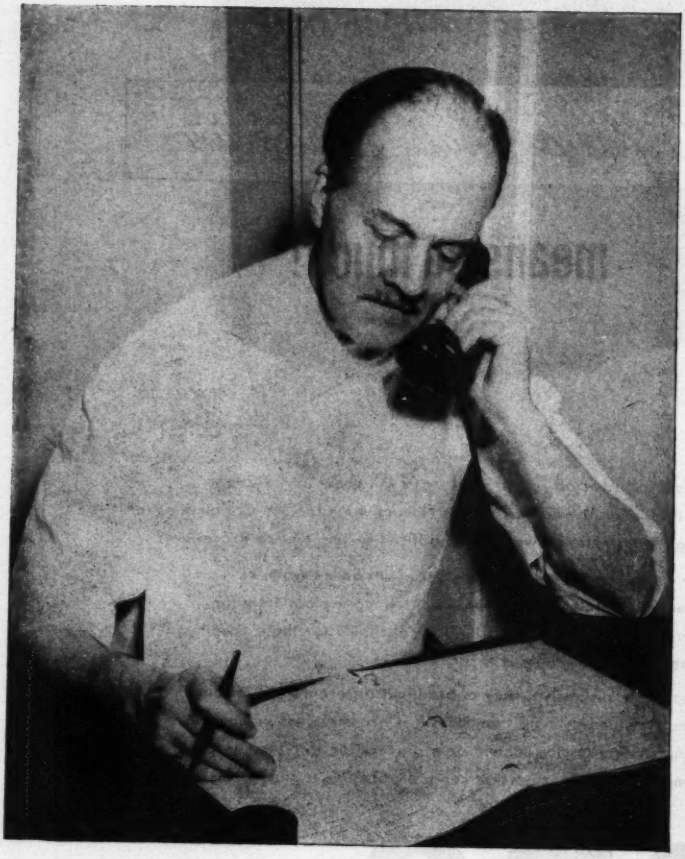
npc

DEEP Anesthesia, LONG LASTING Anesthesia WITHOUT ADDED VASOCONSTRICTOR

Novocain-Pontocaine-Cobefrin

Cook-Waite Laboratories, Inc., 170 Varick Street, New York 13, N.Y.

COOK-WAITE *Laboratories, Inc.*



Alkalinity

ALKALINITY HELPS

Tender gum tissues, unaccustomed to the pressure of a new denture, sometimes become sensitive and irritated. FASTEETH, buffered to maintain a mild alkalinity in contact with the tissues, checks and soothes soreness and inflammation due to chafing and hyperacidity.

When tissues are so irritated that they react unfavorably to the new denture the period of adjustment and adaptation may be prolonged unduly. FASTEETH'S sustained and mild alkalinity helps patients to tolerate new dentures quicker and more easily.

FASTEETH

ity Helps

Clark-Cleveland, Inc. OH-6
Binghamton, N. Y.
Gentlemen:
Please send professional samples of Fasteeth.
Dr. .....
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WHO'S WHO AND WHERE

ADVERTISING INDEX

Although we aim for accuracy in this index, last-minute changes often alter page numbers and positions.

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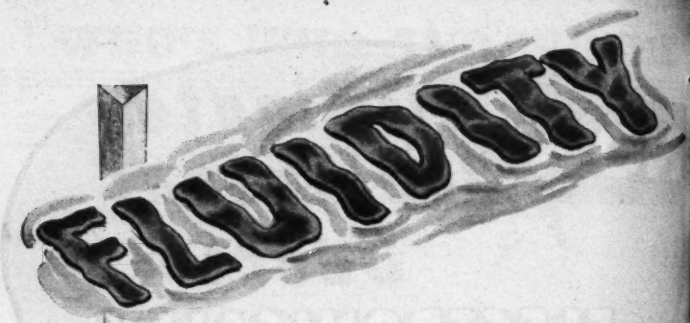

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Dental Solder

▶ "Fluidity" is just another way of saying "flowability." Through the addition of Indium to Williams Solders, much less heat is now required to secure strong bonding of soldered areas... fracture-proof bonding... quickly and thoroughly. The resultant joining, what's more, is pit-free and highly resistant to discoloration. Just try a pennyweight or two, using your regular soldering technic. Observe the difference! Stocked by your dealer in all standard finessess and shades.

Williams Gold Refining Co., Inc., Buffalo 14, N. Y., Fort Erie, N., Ontario; Havana, Cuba.

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GOLD-INDIUM *Solders*

So you're planning a well-earned vacation!

$pyco can help by sending you a generous check for your old gold and other precious metal scrap. Whether you plan to clamber up a pyramid or just sit and watch the burros go by, whether you plan to dip in the briny deep, blast 'em out of the sand traps or do your shooting with a camera ... that check from Spyco will come in mighty handy. For a third of a century Dentists have depended on our scientific processes to get the most for their bridge scrap, platinum and palladium alloys, silver amalgam. Also their grindings and sweeps. Ship early ... thru your dealer or direct.

SPYCO SMELTING & REFINING CO.
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To Stimulate Gingival Circulation

MASSAGE IS GOOD

MASSAGE [redacted] IS BETTE

Massage alone is of limited value in improving gingival circulatio because gum capillaries are relatively resistant, within physiologica limits, to mechanical stimulation.

However, the mechanical action of massage combined with (Ipana's chemical stimulation tends to produce a greater increased local bloo supply.

Ipana plus massage provides both mechanical and chemical stim lation to the end that the resultant improved blood supply may augme local tissue defense.

Bear this in mind the next time a patient asks your advice in choosi a dentifrice. Recommend IPANA!

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